AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Annual Report
2023–24

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Acknowledgement of Country

We, the Australian Commission on Safety and Quality in Health Care, acknowledge the Traditional Owners and Custodians of Country throughout Australia and pay respect to those who have preserved and cared for the lands on which we live and work, and from which we benefit each day. We recognise the strength and resilience of First Nations people, and acknowledge and respect their continuing connections and relationships with country, rivers, land and sea.

We acknowledge the ongoing contribution First Nations people make across the health system and wider community. We also pay our respects to Elders past, present and future, and extend that respect to all Traditional Custodians of this land.

We acknowledge and respect the Traditional Custodians on whose ancestral lands our office is located, the Gadigal people.

Letter of transmittal

The Honourable Mark Butler MP
Minister for Health and Aged Care
Parliament House
PO Box 6022
CANBERRA ACT 2600

Dear Minister Butler

On behalf of the Board of the Australian Commission on Safety and Quality in Health Care (the Commission), I am pleased to submit our Annual Report for the financial year ending 30 June 2024.

This report was prepared in accordance with the requirements of the *National Health Reform Act 2011* and section 46 of the *Public Governance, Performance and Accountability Act 2013*.

The report includes the Commission's audited Financial Statements, as required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The Commission's annual performance statements were prepared in accordance with the requirements of section 39 of the Public Governance, Performance Accountability Act 2013 and accurately present the Commission's performance from 1 July 2023 to 30 June 2024.

As required by section 10 of the *Public Governance, Performance and Accountability Rule 2014*, I certify on behalf of the Board that:

- The Commission has prepared fraud risk assessments and fraud control plans
- The Commission has in place appropriate fraud control mechanisms that meet its specific needs
- All reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

This report was approved for presentation to you in accordance with a resolution of the Board on 4 September 2024.

I commend this report to you as a record of our achievements and compliance.

Yours sincerely

Professor Christine Kilpatrick AO

Chair

Australian Commission on Safety and Quality in Health Care
10 September 2024

Contents

Highlights

Accreditation

Australian Health Service Safety and Quality Accreditation

451

hospital and day procedure services assessed

National General Practice Accreditation

2,526

general practices assessed

Diagnostic Imaging Accreditation Scheme

1,404

practices were accredited at 30 June 2024

National Pathology Accreditation Scheme

669

practices accredited

Safety and Quality Advice Centre

2,765

total enquiries

100%

resolved within three business days

National Hand Hygiene Initiative

1,067

organisations

1,941,240

'moments' of hand hygiene over 12 months

27,059

National Hand Hygiene Initiative Help Desk – enquiries received in 12 months

87%

compliance (national benchmark 80%)

New Releases and Events

National Medicines Symposium 2023

Updated Hip Fracture Clinical Care Standard

Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

National Safety and Quality Cosmetic Surgery Standards

Updated Heavy Menstrual Bleeding Clinical Care Standard

AURA 2023: Fifth Australian report on antimicrobial use and resistance in human health

Website and Resources

8,489,601

website page views
in 2023–2024

1,011,349

resource downloads
in 2023–2024

1. Overview

This section provides an overview of the Australian Commission on Safety and Quality in Health Care (the Commission) – including its mission, role, functions and accountability – and reports from the Commission's Chair and Chief Executive Officer.

About the Commission

In 2006, the Council of Australian Governments established the Commission to lead and coordinate national improvements in the safety and quality of health care. The Commission's permanent status was confirmed with the passage of the *National Health and Hospitals Network Act 2011*, and its role was codified in the *National Health Reform Act 2011*. The Commission began as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments.

Our purpose

Our purpose is to contribute to better health outcomes and experiences for Australians and improve value and sustainability in the health system by leading and coordinating national improvements in the safety and quality of health care. Within this overarching purpose, the Commission aims to ensure that people are kept safe when they receive health care and that they receive the care they should.

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011* and include:

- Formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- Advising health ministers on national clinical standards
- Promoting, supporting and encouraging the implementation of these standards, and related guidelines and indicators
- Monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality
- Formulating model national schemes that provide for the accreditation of organisations that provide healthcare services, and relate to healthcare safety and quality
- Publishing reports and papers relating to healthcare safety and quality.

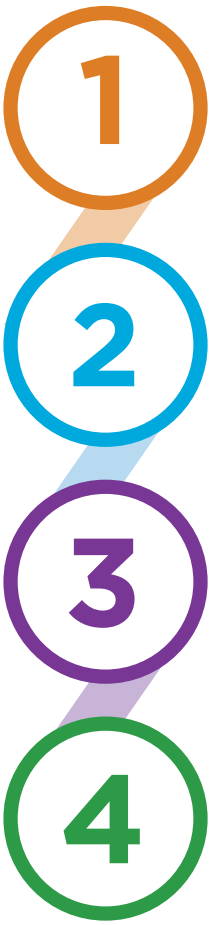
Our accountability

The Commission is a corporate Commonwealth entity and part of the Health portfolio of the Australian Government. As such, it is accountable to the Australian Parliament and the Minister for Health and Aged Care, the Hon. Mark Butler MP.

Strategic Intent 2020–2025

In 2019–20, the Commission's Board endorsed the Strategic Intent 2020–2025. The functions described in section 9 of the *National Health Reform Act 2011* guide the Commission's work, and are expressed in the four priorities of the Strategic Intent 2020–2025.

The Commission's four strategic priorities:



Safe delivery of health care

Clinical governance, systems, processes and standards ensure patients, consumers and all staff are safe from harm in all places where health care is delivered

Partnering with consumers

Patients, consumers, carers and the community are engaged in understanding and improving health care for all

Partnering with healthcare professionals

Healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care

Quality, value and outcomes

Evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred

The Australian Commission on Safety and Quality in Health Care leads and coordinates national improvements in the safety and quality of health care.

We do this by:

- Being an authoritative voice
- Taking a strategic whole-of-system approach
- Using evidence as a foundation for action
- Harnessing national knowledge and expertise
- Driving a quality improvement culture
- Using data effectively
- Reporting meaningful information publicly
- Empowering consumer action
- Enabling and engaging clinicians
- Leading collaboration, cooperation and integration
- Influencing funding, regulation and education
- Fostering use of safe digital technology and artificial intelligence
- Guiding transparency and accountability
- Supporting research and innovation
- Acknowledging and actively managing risk
- Embedding safety and quality into systems and processes
- Encouraging development of learning organisations
- Creating networks of excellence.

The Commission works in partnership with patients; carers; clinicians; the Australian, state and territory health systems; the private sector; managers and healthcare organisations to achieve a safe, high-quality and sustainable health system. Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

Report from the Chair

Professor Christine Kilpatrick AO

Over the past year, as a member of the Board and more recently as Chair, it has been my privilege to contribute, alongside my fellow Board members, to the strategic direction of the Commission. This appointment has provided me insight into, and a deeper understanding of, the breadth and depth of safety and quality improvement work across the nation, and the integral role of the Commission in leading and coordinating change.

My predecessor, Professor Villis Marshall AC, led the Commission for 11 years with his strong vision and significant capability, overseeing the growth of the Commission and its role within the national healthcare sector. Over the years of his stewardship, the Commission consistently reinforced its reputation as a trustworthy leader, advisor and partner in safety and quality. We sincerely thank him for his leadership and outstanding contribution to the Australian healthcare system.

Throughout the past year, the Commission has again responded to identified needs with national standards and guidance for delivery of high-quality, evidence-based health care. The Commission's track record as a trusted authority is evident in the expansion of our role to develop standards for delivery of quality healthcare services, importantly for primary care and for diagnostic imaging and pathology services.

In December 2023, the Commission contributed to urgent efforts to protect consumers from harm when undergoing cosmetic surgery by developing the *National Safety and Quality Cosmetic Surgery Standards*. These standards bring cosmetic surgery into line with patient safety requirements, whether the surgery is performed in small day procedure clinics or in large health organisations. Importantly, the new standards also emphasise the importance of assessing patient suitability, supporting informed decision-making by patients and understanding the risks of surgery and possible complications.

The Commission's growing suite of clinical care standards provide guidance on best practice for specific conditions. I am proud to have assisted in delivering an important new clinical care standard , launched in May 2024, that guides the use of psychotropic medicines in caring for people with cognitive disability or impairment. The new standard is a response to two Royal Commissions which identified misuse and overuse of psychotropic medicines especially for older people and people with disability.

The need for this standard was publicly recognised by the Commission in 2022, alongside the Aged Care Quality and Safety Commission and the National Disability Insurance Scheme Quality and Safeguards Commission in 2022.

The Commission's work also has an international dimension. During the year, we participated in the Organisation for Economic Co-operation and Development (OECD) Patient Reported Indicator Surveys (PaRIS Survey). This survey, the first of its kind, aimed to assess the outcomes for and experiences of patients living with chronic conditions who had been treated in primary healthcare settings in multiple countries. This is just one of the programs of work undertaken by the Commission that focuses on measuring the outcomes and experiences of healthcare that matter most to people. This work paves the way for capturing how patients in Australia feel about the delivery of their health care. We will continue to grow this critical understanding to inform our efforts to improve safety and quality.

In presenting the 2023–24 Annual Report, I sincerely thank our healthcare partners, including the Australian Government, state and territory partners, the private sector, clinicians and, of course, our consumer advisory groups and consumers themselves, who take time to share their experiences to improve services.

I extend my sincere thanks to the members of the Commission's Board for their advice and guidance over the past year and welcome three new members: Professor Jeffrey Braithwaite, Dr Alicia Veasey and Ms Leanne Wells. I also thank the Hon. Mark Butler MP, Minister for Health and Aged Care, for his leadership and support.

On behalf of the Board, I thank the executive team and all of the Commission's staff. Their commitment and exceptional work continue to drive change and deliver results that position the Commission as as the national leader in improving health care. I particularly look forward to working with our Chief Executive Officer, Professor Anne Duggan, to build on the Commission's work and to meet – as we must – the challenges we face, both now and in the future.

Report from the Chief Executive Officer

Conjoint Professor Anne Duggan

This year saw many changes at the Commission. Notably, our long-serving Board Chair, Professor Villis Marshall AC, stepped down from his role. He departs with our deepest gratitude for his extraordinary leadership over the past decade. Professor Marshall leaves an incredible legacy at the Commission, where he has guided system-wide improvements in safety and quality standards, medication safety, healthcare variation, and infection control, among many other achievements.

Professor Marshall hands the baton to incoming Chair Professor Christine Kilpatrick AO, providing us with a refreshed vision and energy for change and improvement. I am also pleased to welcome three new Board members, Professor Jeffrey Braithwaite, Dr Alicia Veasey and Ms Leanne Wells, who bring new insights and experience to our strategy and direction.

In 2023-24, we completed completed many significant projects that encompass the production of important national reports, guidance, tools and resources to support safe and high-quality health systems.

Our work plan has also been informed by important reflection and listening closely to the priorities of our stakeholders, including our state and territory colleagues. This has resulted in an emphasis on key areas of work that include strengthening clinical governance capacity and capability, supporting improved communication at transitions of care, sharing lessons from and supporting new approaches to incident management, and reviewing ways to better coordinate clinical guidance.

Embedding consistent clinical governance remains an ongoing challenge for health service organisations. During the year, we established a new clinical governance program to enhance our leadership and guidance in this space. We also released new principles relating to transitions of care and began new work on discharge summaries, targeting that critical time of vulnerability when people move between service providers.

We also released several major publications to help health service providers focus on safety and drive the delivery of appropriate care. In June 2024, we released the *Women's Health Focus Report*, which includes a detailed examination of hospitalisation rates for hysterectomy and endometrial ablation. The Report was released alongside the updated Heavy Menstrual Bleeding Clinical Care Standard to illustrate the progress that has been made and provide tools for action. The Report provides interactive maps that allow states, territories, and local health services to interrogate the data to better understand whether there is unwarranted variation within the populations they serve. The Heavy Menstrual Bleeding Clinical

Care Standard provides an evidence-based model of care that can be used by local health services for reducing variation and improving care for their patients. The joint release of these two documents allows for both reflection and action, with the aim of improving the safety and quality of care.

The publication of the updated second edition of the Emergency Triage Education Kit in April 2024 was another outstanding achievement that will provide immense support to a challenging area of healthcare delivery. Accurate and consistent triage is the foundation of equitable and safe patient care in emergency departments. The Commission has completed a major revision of the resource, which was last updated in 2009, incorporating new information on the effects of bias at triage, communication with patients and support people, care for older people, responding to psychological distress and recognising early signs of sepsis.

Another key report for 2023–24 was *AURA 2023*, the fifth Australian report on antimicrobial use and resistance in human health. Antimicrobial resistance continues to be a major global concern, and the AURA 2023 report is our national scorecard to manage antimicrobial use by monitoring changes in resistance and emerging threats. I am thankful for the immense efforts by our antimicrobial resistance team to collate, analyse and present the data in an easily accessible format. Although the report shows some positive trends, it also confirms that continued investments must be made to preserve the value and potency of antibiotics.

We have also made great progress on integrating and consolidating our quality use of medicines programs. In November 2023, the Commission hosted the National Medicines Symposium for the first time, with the theme of 'The future of medicines: Good for people, good for the planet'. The Symposium presented an excellent opportunity to highlight the environmental impact of healthcare delivery and promote reducing low-value care to ensure better patient outcomes. I was pleased to see this virtual event attract over 1,700 attendees interested to know more about what we can do in health care to reduce our environmental footprint. This theme aligns with a module that is currently in develpment for the National Standards and aims to provide guidance on environmentally conscious, sustainable and resilient health care and with the National Health and Climate Strategy.

My thanks to the staff for their exceptional work throughout the year and for meeting the challenges with thoughtful participation and positive energy.

I am excited by the work we are shaping for the year ahead, which will refine our strategic direction set by the Board and further build our collaboration with state, territory and Commonwealth health departments to continue driving safe, high-quality health care across the nation.

First Nations people's health and wellbeing

The Commission's vision for reconciliation in Australia is to ensure First Nations people are physically, mentally, and culturally safe when they receive health care, enabled by equity of access and appropriate health care that meets their needs.

The Commission recognises that reconciliation is a significant journey that will be a part of Australia's history for many years to come. The Commission aims to work collaboratively and in partnership with leading First Nations individuals, organisations and communities, and with other health organisations, as an ally and change-maker in improving First Nations health outcomes and experiences of health care.

The Commission has committed to leading the health system to re-orient the delivery of health care and build the capability and capacity of its staff to act in culturally safe and responsive ways. The Commission aims to ensure that it integrates cultural safety into all its work and recognises that culturally safe care is required for care to be clinically safe.

Reconciliation Action Plan

The Commission's Reconciliation Action Plan (RAP) is an important part of the Commission's commitment to reconciliation and improving the safety and quality of health care for First Nations people in Australia.

The Commission reviewed progress against its initial Reflect RAP in late 2023 and initiated a process to develop an Innovate RAP for 2024 to 2026. The Commission's Innovate RAP will drive increased knowledge and capacity to better engage with First Nations people, communities, and organisations in all of the Commission's work, with the aim of improving the experience of health care for First Nations people. The Commission's Aboriginal and Torres Strait Islander Health Advisory Group was involved in implementing the Reflect RAP and developing the new Innovate RAP.

The Commission has also established internal working groups and processes to review implementation and progress against its RAP objectives.

Case study: Collaboration to support understanding and awareness of patient rights

The Commission engaged with Northern Territory Health (NT Health) to undertake a collaborative project. This project was to facilitate the co-design of consumer resources aimed at raising First Nations communities' awareness and understanding of patients' rights.

Consultation processes with NT Health and local communities determined that a series of animations that explained the Charter of Healthcare Rights using storytelling was likely to be the best approach for these First Nations communities.

NT Health worked with local First Nations service providers and communities using a co-design process to develop storylines that reflected the experiences of First Nations consumers. These storylines were developed into animations and translated into six community languages. Translations were checked for quality and accuracy by the Aboriginal Interpreter Service. User testing of the animations was completed with bilingual First Nations health staff, interpreters and patients from Royal Darwin Hospital.

The animations were finalised in 2023–24 and will be used by the workforce at Royal Darwin Hospital to increase awareness and understanding of healthcare rights among First Nations patients, their families, and carers.

Cross-sectoral collaboration

The Commission continues to work collaboratively with government agencies and other organisations to address some of the key cross-sectoral issues in healthcare safety and quality.

Improving health care safety in aged care

In 2023–24, the Commission continued its work to support improved clinical safety and quality for older people using aged care services. This multi-year program, funded by the Department of Health and Aged Care (the Department), focused on the development of Standard 5 – Clinical Care (Standard 5) as part of the revised Aged Care Quality Standards (Quality Standards). The final draft Quality Standards were published in December 2023 and will be incorporated into subordinate legislation (Rules) within a new rights-based Aged Care Act.

Standard 5 represents increased clinical safety and quality expectations for both residential and community-based aged care providers, and requires aged care and health services to work effectively across sectors. Actions focus on medication safety; infection prevention and control; and cognitive impairment, end-of-life and palliative care. Management of high-prevalence, high-risk issues in clinical safety, such as falls, pressure injuries, oral health, mental health, pain, sensory impairment, continence and nutrition, is also a focus.

In 2023–24, the Commission also developed guidance on the implementation of Standard 5 in collaboration with the Aged Care Quality and Safety Commission (ACQSC). Further resources, such as the Aged Care Infection Prevention and Control Guide and an updated Multi-Purpose Services Aged Care Module, were developed and will be released in 2024–25.

Improving health care for people with disability

The Commission continued its collaboration across the health and disability sectors to improve health care for people with disability. In 2023–24, this work included support for implementing the *National roadmap to improve the health of people with intellectual disability*, participating in a national roundtable on procedural support and sedation for people with an intellectual disability, and consulting with the Department's two national advisory groups: the Disability and Health Sector Consultation Committee and the Roadmap Implementation Governance Group.

The Commission engaged with the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission and the ACQSC to develop the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard (see also page 64).

The Commission also provided input as part of the whole-of-government response to the *Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

Improving the experience of people using complaints processes

In 2023–24, the Commission worked in partnership with the Australian Health Practitioner Regulation Agency (Ahpra) to improve consumer understanding and experience of processes for healthcare complaints.

During the year, the Commission published a set of three animations for patients, carers and families. The animations provide easy-to-understand guidance about the process of making a health complaint, including where to start, practical advice and tips, and what to do if a person is not satisfied with the response from the healthcare service. Consumer consultation about the experience of making a health complaint, as well as information that might help, informed development of these resources.

The Commission and Ahpra also published a checklist for practitioners handling feedback and complaints. Developed in concert with the national boards and in consultation with stakeholders and the community, the checklist aims to help practitioners effectively handle feedback and complaints when they are first made to the health provider, encouraging a proactive approach.

National Sepsis Program

Through an extension of the National Sepsis Program, the Commission continued to identify opportunities to improve the early detection of sepsis and address factors that influence patient access to safe, immediate and effective treatment and support.

Working collaboratively with The George Institute for Global Health, Sepsis Australia, sepsis survivors, state and territory health services, and a wide range of experts, in 2023–24 the Commission completed essential planning and procurement for the delivery of five projects:

- Improving sepsis recognition in First Nations people
- A targeted national public awareness campaign
- Education and training resources for health professionals and undergraduate health programs
- Coordinated care and support for post sepsis survivors and their families, including those bereaved by sepsis
- Data collection for quality improvement.

Scoping study on national standards for Safe Spaces

Safe Spaces are places where people experiencing suicidal distress can seek support from peers with lived experience in a non-clinical environment. In 2023–24, the Commission was funded by the Department to complete a scoping study to examine options for the development of national standards for Safe Spaces. This project was completed, and a report was provided to the Department on options for these types of services.

The Commission, on behalf of the Department, also completed a companion project exploring how these findings may be applied to other types of suicide prevention services, especially other peer-led support services.

Inter-Jurisdictional Committee priorities

The Commission's Inter-Jurisdictional Committee, comprising representatives from Commonwealth, state and territory health departments, highlighted four priority areas for future national work. The following summarises key activities of the Commission to progress work in these areas.

Clinical governance

Clinical governance remains a challenge for those working in health service organisations, as evidenced by the themes and issues arising from safety reviews and inquiries. Clinical governance issues also represent the most common actions not met at first assessment within the National Safety and Quality Health Service (NSQHS) Standards.

In 2023–24, the Commission began a needs assessment to better understand the system and structural factors that promote good clinical governance and the challenges in this area currently faced by staff in some health services. This work will inform the development of a national strategic approach to clinical governance that targets the areas identified by states and territories as being of greatest need in the health system.

Communications at transitions of care

Ensuring effective communication at transitions of care is an enduring issue and a high-risk area for patient safety. The Commission is working on a range of projects to support improvements in communication at transitions of care.

In 2023–24, the Commission published a set of principles to guide safe and high-quality transitions of care. The principles are fundamental to the Commission's transition-of-care projects. Consistently applying these principles within practice, standards, policy and guidance is required for safe transitions of care.

The Commission also began a project to develop a Medication Management at Transitions of Care Stewardship Framework (the Framework). A draft Framework was developed in 2023–24, informed by a comprehensive literature review and a Project Advisory Group. This draft Framework will be further refined via public consultation and is scheduled for publication in 2024–25.

National coordination of clinical guidance

The Commission is starting work, in collaboration with state and territories, to scope and identify opportunities to improve the use and coordination of robust clinical guidance at a national level. Development and preparatory work was undertaken in mid-2024, with the project due to begin in 2024–25.

Incident management

States and territories, through the Commission's Inter-Jurisdictional Committee, have repeatedly identified incident management as a priority for their hospitals and health services and noted it as an area that would benefit from national coordination and action. Consequently, the Commission is undertaking activities to support incident management processes, including investigating opportunities and methods to share lessons learned from patient incidents across the system.

National Health Reform Agreement – Mid-term review

The National Health Reform Agreement 2011 (NHRA) is an agreement between the state, territory and Commonwealth governments that sets out arrangements for public hospital funding, including the level of Commonwealth contributions to this funding.

The 2020–25 Addendum to the National Health Reform Agreement (the Addendum) varies the NHRA for the period 1 July 2020 to 30 June 2025. The Addendum also sets out long-term arrangements for healthcare reforms that require the Commonwealth, states and territories to work together. The Commission is referenced in the Addendum as a national body responsible for key activities to lead and coordinate safety and quality improvements within the healthcare system.

In 2023–24, health ministers undertook an external mid-term review of the Addendum to examine whether its objectives were being met. The Commission was consulted and provided feedback and input to the review. The final report on the mid-term review was made available in December 2023.

2. Report on performance

This section details the Commission's achievements against its four strategic priority areas.

> **With the NSQHS Standards and a clinical governance framework in place, health service organisations can reduce the risk of harm to patients from common risks.**

Priority 1: Safe delivery of health care

This strategic priority is to keep patients and consumers safe from preventable harm.

Improving patient safety through the National Safety and Quality Health Service Standards

The National Safety and Quality Health Service (NSQHS) Standards specify the safety and quality systems and processes a health service organisation must establish and use, while giving organisations the flexibility to decide how to achieve this in a way that is relevant to their size, location and service context.

Implemented for the first time in 2013, the NSQHS Standards continue to provide a framework that can be applied in public, private and day hospitals to improve the safety and quality of care provided and protect patients from harm. Health service organisations have been assessed against the second edition of the NSQHS Standards since January 2019.

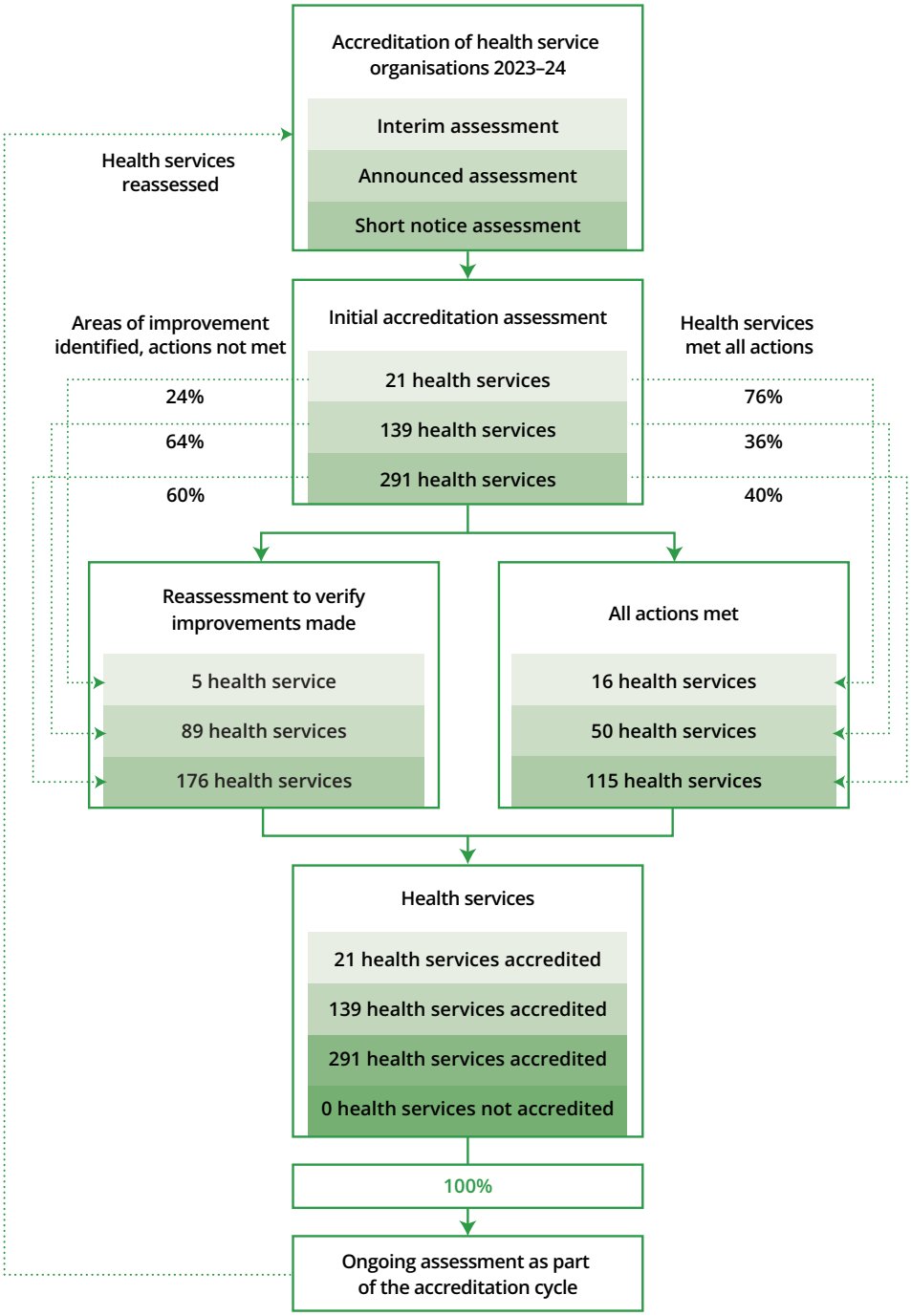
All hospitals in Australia are required to implement the NSQHS Standards. A key component is implementing a comprehensive and robust clinical governance framework that provides a foundation for all other clinical safety and quality processes. With the NSQHS Standards and a clinical governance framework in place, health service organisations can reduce the risk of harm to patients from common risks such as hospital-acquired infections, medication errors and lapses in communication, and can improve their comprehensive care and management of acute deteriorations.

Assessment to the NSQHS Standards

At 30 June 2024, 1,309 hospitals were assessed to the NSQHS Standards. Health service organisations must demonstrate they meet all the requirements in the NSQHS Standards to achieve accreditation. Of the 451 organisations assessed in the 2023–24 financial year, 181 organisations (40%) met all actions at the initial assessment.

Figure 1 summarises the outcomes for assessment of health service organisations in 2023–24 and provides initial trend data.

Figure 1: Health service organisation accreditation, 2023–24*



* The term 'health service organisations' includes only hospitals and day procedure services, where accreditation to the NSQHS Standards (second edition) is mandatory. Other services assessed to the NSQHS Standards are not included. This figure shows finalised assessments between 1 July 2023 and 30 June 2024. Note that there were rating scale adjustments for FY2023-24.

Providing guidance and advice

The Commission develops resources to support implementation and assessment of national safety and quality standards.

To support the introduction of short notice assessment from 1 July 2023, the Commission conducted an educational webinar and hosted virtual presentations for key stakeholders to outline transition arrangements and discuss requirements. A repository for resources and information relating to short notice assessment was established on the Commission's website.

The Commission responds to emerging issues from the system and develops resources to support best-practice principles and interpretation and assessment of specific NSQHS Standards actions. In 2023–24, this has included the following documents:

- Fact sheet: Action 3.13 Clean and safe environment
- Fact sheet 11: Applicability of clinical care standards
- Implementing a Single Unit Blood Transfusion Policy
- Recommendations: Oral health care for adult inpatients
- Fact sheet: Oral health care for adult inpatients

Safety and Quality Advice Centre

The Safety and Quality Advice Centre (Advice Centre) supports the Commission's work by providing information and support to stakeholders implementing national safety and quality standards and undergoing accreditation. The Advice Centre is one source of information used to monitor and evaluate the functions of the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme). This includes identifying trends relating to individual safety and quality standards, monitoring emerging issues, and identifying information gaps and opportunities to improve resources for the health system.

In 2023–24, the Advice Centre responded to 2,765 email enquiries and met its key performance indicators by providing a first response within five hours and resolving enquiries within two business days.

Improving the reliability of the accreditation processes

The Commission works with key stakeholders, including approved accrediting agencies and state and territory health departments, to identify opportunities to improve AHSSQA Scheme processes and support standardised assessment processes and reporting by accrediting agencies.

The Commission contributes to the professional development of assessors working for approved accrediting agencies and delivered 11 training sessions, both in person and virtually, in 2023–24. The Commission and was invited to 31 external conferences and meetings to discuss the NSQHS Standards and the AHSSQA Scheme.

Short notice assessments

From July 2023, mandatory short notice assessments to the NSQHS Standards replaced existing announced and voluntary short notice assessments for all Australian hospitals.

The introduction of short notice assessments means the assessment outcome more accurately reflects day-to-day practice, supports continuous implementation of the NSQHS Standards and reduces the administrative burden of preparing for an accreditation assessment. Feedback from hospitals, accrediting agencies and other stakeholders is that the transition to short notice assessment has been smooth and that this assessment method is preferred by clinicians and health service organisations that have participated.

As of 30 June 2024, 291 health service organisations have completed short notice assessments.

Rating scale adjustments

To improve the rigour of accreditation assessment and support continuous compliance with the NSQHS Standards, the criteria for 'met with recommendations' actions was altered. Actions rated 'met with recommendations' now require the same level of follow-up within the AHSSQA Scheme as 'not met' actions.

From July 2023, health service organisations with one or more actions rated 'not met' or 'met with recommendations' at initial assessment are required to undertake remediation over a period of 60 business days, followed by a final assessment.

If, at the initial assessment, the combined number of actions rated 'not met' and 'met with recommendations' exceeds 16% of all actions assessed and the health service is subsequently awarded accreditation, the organisation must undergo a mandatory reassessment six months after accreditation. This additional assessment ensures all the changes implemented by the organisation to achieve accreditation have been embedded into day-to-day practice.

Since these changes were introduced, 23 health service organisations have met the criteria for mandatory reassessment.

Public reporting of accreditation outcomes

A national dashboard of hospital performance at assessment is published on the Commission's website and updated monthly. The dashboard, which was introduced in 2021, provides an overview of accreditation assessments, outcomes and the overall performance by sector and by standards.

The public reporting tool provides information on the performance of individual hospitals in assessments and details areas where improvements are required to achieve accreditation.

Oversight and feedback on accrediting agency performance

The Commission's annual report on the performance of accrediting agencies is part of the AHSSQA Scheme's approval and oversight mechanism. The report provides insights from health service organisation feedback, observation of accreditation assessments under the various national standards (observation visits), and outcome data from accreditation.

Seven observation visits were carried out across four states in the 2023–24 period. Annual performance reporting revealed improved collaboration and communication between the Commission, accrediting agencies and health service organisations.

Review of accreditation outcomes data

Data on assessment outcomes is submitted monthly by accrediting agencies through the Commission's data collection portal. The portal validates the data submitted to ensure accuracy, consistency and completeness. The data are analysed in a variety of ways to report to state and territory regulators, program areas and program administrators. In 2023–24, on three specific reports were conducted:

- Assessment of health service organisations completing their second cycle of assessment
- Actions in standards that were consistently met and most frequently not met by health service organisations
- Assessment data for day procedure services.

Assessor training

All assessors for the NSQHS Standards undergo the NSQHS Standards Assessor Orientation Course and complete face-to-face training in cultural competency with their accrediting agency. The Commission also provided access to the Australian Institute of Aboriginal and Torres Strait Indigenous Studies core competency course, which 99 assessors completed in 2023-24.

The NSQHS Standards orientation course was originally designed to introduce assessors to the second edition of the NSQHS Standards and highlight changes to the accreditation scheme. In 2023–24, the Commission commenced a review of the NSQHS Standards Assessor Orientation Course to align content with the current implementation stage of the NSQHS Standards and updates to the AHSSQA Scheme.

Post-assessment survey

After an assessment to the NSQHS Standards is completed, each health service organisation is sent a survey seeking feedback on the performance of its accrediting agency and assessors. In 2023–24, the survey had a response rate of 33% (102 of 306). Almost all respondents (90%) reported that the assessors had the skills, experience and comprehensive knowledge required to assess to the NSQHS Standards.

Key findings included:

- Improvements to the accreditation methodology: 91% of services agreed that accrediting agencies tested high-risk scenarios during assessment
- Over 95% of services have reported improved and effective communication and coordination of assessments and findings by accediting agencies.

Diagnostic Imaging Accreditation Scheme

The Diagnostic Imaging Accreditation Scheme (DIAS) provides the framework for assessing medical imaging practices according to the DIAS Standards. The Commission revised its reporting requirements for diagnostic imaging to better align it with other national accreditation collections.

Prior to January 2024, the Commission only collected the accreditation status of imaging practices. Since January 2024, data on the outcome of each standard have also been collected.

There were 4,462 accredited imaging practices accredited in 2023/24. These practices offered either a single-modality service (62%) or multi-modal services (38%). Of the 1,404 imaging practices that completed assessments between 1 January and 30 June 2024, all but seven were awarded accreditation.

The three standards most commonly requiring practices to improve care related to:

- 1.3 Radiation safety
- 1.4 Equipment inventory
- 3.2 Optimised radiation.

In 2023–24, the Commission progressed the DIAS Standards review, finalising draft standards for public consultation and drafting an implementation resource. Public consultation on the renamed National Safety and Quality Medical Imaging Standards is scheduled for the second half of 2024.

A review of the DIAS accreditation scheme commenced in the 2024–25 financial year.

National Pathology Accreditation Scheme

In 2023–24, the Commission, in collaboration with the National Pathology Accreditation Advisory Council, reviewed eight national pathology standards. At 30 June 2024, 669 laboratories were accredited against the national pathology standards.

Achievements in 2023–24 for the National Pathology Accreditation Scheme include:

- Consolidation of three standards into the revised requirements for cervical screening
- Released the draft Requirements for Medical Pathology Services (RMPS) for public consultation, including a webinar to advise on the changes, survey and 14 focus groups
- High-level advocacy on the COVID-19 After Action Review to mitigate safety and quality risks and build sector resilience for pandemic conditions
- Development of a pathology stakeholders network (more than 550 members) for public consultations and engagement with peak pathology bodies, including consumer health groups
- Responses to 113 enquiries from the sector regarding requests for information about standards and their interpretation or application (43% from pathology laboratories, 27% from government departments and 7% from the accrediting agency).

National Safety and Quality Digital Mental Health Standards

Accreditation to the National Safety and Quality Digital Mental Health (NSQDMH) Standards started in November 2022. By June 2024, 18 service providers had completed assessment and were listed on the Commission's register of accredited services.

Additional resources to support the NSQDMH Standards were released in 2023–24, including guidance on developing a model of care. A webinar on partnering with service users was webcast in August 2024.

A major initiative was a campaign to promote awareness of the NSQDMH Standards and accreditation to service providers, clinicians and consumers. This outreach activity led to a significant increase in enquiries about the Standards and accreditation. In addition, the Commission is working with other government entities to promote accreditation on mental health service registries and improve recognition of the digital accreditation badge.

Improving reporting of safety and quality data

National Clinical Trials Governance Framework

All jurisdictions have agreed to implement the National Clinical Trials Governance Framework (Governance Framework) in health service organisations under the AHSSQA Scheme. The purpose of the Governance Framework is to support safe, high-quality clinical trials across Australia and to embed service delivery into existing clinical and corporate governance systems as part of the NSQHS Standards.

Assessment to the Governance Framework began in May 2023. For the first three-year accreditation cycle, health service organisations will be assessed against a maturity scale for provision of clinical trial services as having either initial, growing or established systems to meet the NSQHS Standards. Actions include key safety and quality indicators informed by the Clinical Governance Standard and the Partnering with Consumers Standard.

In 2023–24, the Commission updated a series of education and training resources to support the implementation of, and assessment to, the Governance Framework. Fact sheets for health service organisations and assessors were updated to guide the process of short notice assessment, including sampling arrangements and the reporting of assessment outcomes.

Patient safety in general practice

In 2023–24, the Commission continued to focus on patient safety and quality in primary and community healthcare settings. Delivering health care close to where people live and work constitutes a large and essential part of the healthcare system.

National General Practice Accreditation Scheme

The Department of Health and Aged Care (the Department) funds the Commission to coordinate the National General Practice Accreditation (NGPA) Scheme, which supports national consistency of accreditation to the Royal Australian College of General Practitioners (RACGP) Standards for general practices.

Between 1 July 2023 and 30 June 2024, 2,529 general practices were assessed to the RACGP Standards. Of these practices, 99.5% met the requirements of the standards and were awarded accreditation. Twelve general practices were not accredited. During this period, the Commission supported 54 applications for extensions, down from 163 applications received in the previous year. This is a significant improvement and reflects a greater understanding of the requirements of the accreditation scheme.

Of the practices assessed in 2023-24:

- 97% were categorised as general practices; the remaining 3% were categorised as Aboriginal medical services
- 67% were in metropolitan areas, with most in New South Wales, Victoria and Queensland
- 77% employed five or fewer full-time equivalent (FTE)* general practitioners
- 73% employed two or fewer FTE practice nurses
- 10 general practices met the criteria for repeat assessments.

Under the NGPA Scheme, the Commission approves and monitors the performance of accrediting agencies and develops a range of resources and useful information, including advisories and resources for the NGPA Scheme, assessment outcome data and lessons learned.

Patient safety in primary health care

National Safety and Quality Primary and Community Healthcare Standards

The Commission developed National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards in collaboration with representatives from the sector. Accreditation to the NSQPCH Standards began on 1 May 2023, and operates under the existing AHSSQA Scheme.

Depending on the service context and previous accreditation, assessment can be conducted as a desktop, virtual or on-site assessment to the NSQPCH Standards. In 2023–24, the first assessments were finalised without requiring remediation and accreditation was awarded.

A range of implementation resources have been developed with input from industry stakeholders. The Commission recently released the *National Safety and Quality Primary and Community Healthcare Standards Guide for Healthcare Services* to provide support for healthcare services implementing the Standards.

At 30 June 2024, 47 primary and community practices have successfully completed assessment to the NSQPCH Standards. Areas where improvements are still required include:

- Action 3.11: Workforce screening and immunisation
- Action 1.18: Evaluating performance
- Action 3.05: Hand hygiene
- Action 3.09: Clean and safe environment.

In addition, in 2023–24 the Commission worked closely with the Australian Dental Association to support private dental practices to transition to accreditation against the Primary and Community Healthcare Standards.

* The NGPA Scheme defines FTE according to the number of hours worked by an employee or contractor in the practice. One FTE is equivalent to 38 hours per week.

Cosmetic surgery standards and licensing framework

Cosmetic Surgery Standards

The Commission developed the National Safety and Quality Cosmetic Surgery Standards (Cosmetic Surgery Standards) as part of urgent reforms to mitigate safety and quality risks specific to the industry and to reduce the chance of patient harm. The Standards were officially launched on 14 December 2023. From this date, facilities that perform cosmetic surgery could begin to implement the Cosmetic Surgery Standards and prepare for accreditation assessment. In 2023–24, a range of resources were developed to support implementation, including fact sheets and a Cosmetic Surgery Module.

Cosmetic Surgery Module

The Cosmetic Surgery Standards are aligned in structure and intent with the NSQHS Standards. In 2023–24, a mapping process was undertaken across the two sets of standards to identify the actions unique to cosmetic surgery. Organisations already accredited to the NSQHS Standards must implement these additional actions if they are performing cosmetic surgery procedures. Organisations completing the NSQHS Standards and the Cosmetic Surgery Module will undergo a single assessment process to reduce the burden of compliance.

The mapping resource and module were finalised and released in 2024.

National Licensing Framework

The Commission was tasked with developing a National Licensing Framework for Cosmetic Surgery (National Licensing Framework), which was finalised and approved by health ministers in September 2023. It describes the recommended regulatory powers that states and territories should implement in their own regulatory settings and links licensing requirements with accreditation to the Cosmetic Surgery Standards.

Health ministers have supported the Commission's recommendation for a transitionary period of three years, with state and territory governments using their best endeavours to achieve implementation within two years. The Commission continued to convene meetings with state and territory regulators to support information sharing and consistent implementation of the National Licensing Framework.

Sustainability and climate resilience

Environmental Sustainability and Climate Resilience Module

The Commission recognises the impacts of climate change on health, and acknowledges that the delivery of health care is a major contributor of greenhouse gases.

To support the healthcare sector in addressing these impacts, the Commission published a draft of the Environmental Sustainability and Climate Resilience Healthcare Module (the Module) in November 2023. The Module is a framework of actions that health services can use to review practices that have environmental impact and develop appropriate, value-based care to reduce greenhouse gas emissions.

The Commission began a pilot in mid-2024 to inform further refinement of the Module. The outcome of the pilot will also be used to develop resources to support the sector in mitigating the impacts of climate change. A report on the pilot and the final Module are expected to be released in 2025.

Developing standards for virtual care

Virtual care validation study

The Commission continues to recognise the widespread growth in virtual health care that was driven by changes in healthcare during the COVID-19 pandemic.

In 2023–24, the Commission explored options for safety and quality standards in this space by adapting the NSQDMH Standards to develop a draft set of National Safety and Quality Virtual Care (NSQVC) Standards.

Between May and December 2023, the Commission undertook a study involving 20 health service organisations across different sectors of the Australian healthcare system to test the appropriateness of the draft NSQVC Standards and their capacity to provide an assurance of safety and quality in virtual care. After the study was completed, the Commission worked closely with stakeholders to consider the outcomes, and will undertake further work to explore options for guidance and standards for virtual care in 2024–25.

Safety in digital health

Collaboration with the Australian Digital Health Agency

The Commission renewed a Memorandum of Understanding with the Australian Digital Health Agency (ADHA) in 2023–24. This continues the Commission's longstanding partnership with the ADHA to support clinical governance and the clinical safety and quality of the National Digital Health Work program. This commitment guides shared digital health interests such as interoperability and connected care, electronic medication management, and artificial intelligence.

Unique Device Identifiers

In 2023–24, the Commission continued work with the TGA and Queensland Health on the Australian Unique Device Identifier Framework for Australian health service organisations. Initial pilot work with Queensland Health concluded in 2023–24, and lessons learned will inform a national approach to integrating Unique Device Identifiers into clinical systems and processes across Australian public and private hospitals.

Healthcare-associated infections, and infection prevention and control

Healthcare-associated infections are some of the most common and significant hospital-acquired complications. Around 81,000 healthcare-associated infections occur in Australia every year. As well as causing unnecessary pain and suffering for patients and their families, a healthcare-associated infection can prolong a patient's hospital stay and add greatly to the cost of delivering health care. Globally, up to 1 in 10 patients with a healthcare-associated infection is estimated to die from the infection.

Effective infection prevention and control practices can minimise the risk of transmitting infections between patients, healthcare workers and other people in the healthcare environment.

National Hand Hygiene Initiative

In 2023–24, the Commission collaborated with the Council of Presidents of Medical Colleges to develop the Hand Hygiene Expert Insights and Hand Hygiene Moments videos to promote further improvement in the compliance of medical practitioners with hand hygiene protocols. These videos feature college presidents, the President of the Australian Medical Association and a clinical advisor from the Commission promoting hand hygiene messages and practices.

The Hand Hygiene eLearning Module for Dental Healthcare Workers was updated to ensure currency of content and consistency with the NSQHS Standards and the Australian Guidelines for the Prevention and Control of Infection in Healthcare.

National Audit period 2 became voluntary from 1 April 2023 to provide health service organisations with additional capacity to develop and implement activities for quality improvement. The participation of health service organisations in the national audit did not differ significantly during the voluntary and mandatory audit periods. The impact of this change in audit period requirements, coupled with the implementation of revised training pathways for hand hygiene auditors and updated hand hygiene e-learning modules, will be evaluated in liaison with states, territories and the private health sector.

Infection prevention and control in aged care

In 2023–24, the Commission continued to develop resources to support infection prevention and control in aged care in collaboration with the Aged Care Quality and Safety Commission (ACQSC), including two e-learning modules and the *Aged Care Infection Prevention and Control Guide* (the Guide). The Guide is a supplementary resource to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* for aged care residential and community settings. The Guide and e-learning modules will support implementation of the strengthened Aged Care Quality Standards.

Antimicrobial use and resistance in Australia

Antimicrobial resistance (AMR) reduces the range of antimicrobials available to treat infections and increases the morbidity and mortality associated with infections caused by multidrug-resistant organisms. Hundreds of people in Australia die each year as a result of AMR.

Antimicrobial Use and Resistance in Australia (AURA) project

In 2023–24, the Commission continued to contribute to the response to AMR in Australia, with funding provided by the Department for:

- Coordinating, supporting and improving the functionality, coverage and reporting of the National Alert System for Critical Antimicrobial Resistances and Australian Passive AMR Surveillance (APAS)
- Collaborating with the Australian Group on Antimicrobial Resistance (AGAR) to report data on AMR in selected bacteria detected from blood cultures
- Reporting on community antimicrobial use based on analyses of data from the Pharmaceutical Benefits Scheme (PBS), the Repatriation Pharmaceutical Benefits Scheme (RPBS) and the MedicineInsight program

- Reporting AMR data from APAS and AGAR to the World Health Organization Global Antimicrobial Resistance and Use Surveillance System
- Developing AURA 2023, the fifth Australian report on antimicrobial use and resistance in human health.

Analyses of 2021 data from these programs published by the Commission in 2023–24 identified:

- More than doubling of non-PBS/RPBS (private) prescriptions for antimicrobials, from 2.5% in 2015 to 5.3% in 2021
- Prescribing rates for respiratory-related illnesses in primary care that were not consistent with national guidelines but showed improved appropriateness (compared with no improvement in urinary tract infections and acute otitis media – prescribing rates for these conditions remained high)
- A dramatic decrease (25.3%) in antimicrobial use between 2019 and 2021 (during the response to COVID-19) compared with the decrease (8.9%) between 2015 and 2019
- Variation in patterns of resistance between states and territories
- Variation in patterns of resistance between hospital and community settings – overwhelmingly, onset of episodes of bacteraemia was in the community.

The Commission uses these analyses to continue to support states and territories and the private health sector to refine and strengthen their approaches to infection prevention and control, antimicrobial stewardship and implementation of the NSQHS Standards.

The Commission also supported the Therapeutic Goods Administration (TGA) response to antimicrobial shortages by developing general information for prescribers and pharmacists on how to manage shortages of antimicrobials in acute and primary healthcare settings. A resource was developed for consumers on what to do if their antimicrobial is temporarily unavailable.

Medication safety

Electronic National Residential Medication Chart

In 2023–24, the Commission updated the electronic National Residential Medication Chart (eNRMC) User Guide and software vendor resource. This was in response to feedback from stakeholders on options for refining and optimising the eNRMC. The feedback was received through focus groups in 2023 that included clinicians, software vendors and academics.

Review of the National Tall Man Lettering List

In 2023–24, the review of the Commission's National Tall Man Lettering List (the List) was completed. The List, first published in 2017, has been renamed the National Mixed-Case Lettering List and updates and consolidates the 2020 List and 2019 supplementary list of specialised medicines. Explanatory information was reviewed and updated to outline the approach to risk management when applying Mixed-Case Lettering.

A series of recommendations from the National Tall Man Expert Advisory Panel was adopted in updating the publication, which included developing additional resources to support health service organisations to assess the risk of confusion from look-alike, sound-alike (LASA) medicines:

- LASA Search Tool: Software to assess medicine name similarity
- Instruction Sheet on using the LASA Search Tool
- Fact sheet: Principles for the application of 'mixed-case lettering'.

Developing an educational resource is also planned as part of the launch of the updated List. Health service organisations can use this resource to assist in implementing 'mixed-case lettering' and other measures aimed at minimising the risk of harm associated with LASA medicines.

Terminology, abbreviations and symbols used in documentation

One of the major causes of medication error is the use of error-prone abbreviations and dose expressions. To promote patient safety, the *Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation* (2016) sets out the principles governing safe, clear and consistent terminology, abbreviations and dose designations for medicines.

In 2023–24, the Commission conducted a targeted consultation process on the final draft of the revised and renamed publication, *Recommendations for Safe Use of Medicines Terminology*. The updated publication is expected to be finalised in 2024–25.

Review of guidelines for on-screen display of medicines

In 2023–24, a literature review and environmental scan to support the revision of the *National Guidelines for On-Screen Display of Medicines Information* (the Guidelines) was completed. Several barriers and enablers were identified for implementation of the Guidelines. The Commission also participated in regular discussions with government agencies such as CSIRO and the Australian Digital Health Agency to ensure the next iteration of the Guidelines aligns with related national activities.

Online learning modules for high-risk medicines

The Commission continues to partner with the Women's and Children's Health Network in South Australia to maintain an online suite of eLearning modules on high-risk medicines. These e-learning modules promote the safe use of high-risk medicines to healthcare professionals.

In early 2024, the review and update of the Introduction to High-Risk Medicines eLearning Module was completed. Beta testing of the updated module and feedback received will help finalise this e-learning module.

The review and update of the Insulin eLearning Module is anticipated by mid-2024.

National Standard Medication Chart audit

The National Standard Medication Chart (NSMC) National audit is a voluntary audit of paper-based medication charts which hospitals can participate in. The NSMC National Audit 2022 report was published in 2023–24. The 2022 audit was the last nationally coordinated audit by the Commission. The focus of future NSMC audits shifts toward a more active, local auditing process.

The Commission, supported by the Health Services Medication Expert Advisory Group, is consulting with NSMC audit participants to identify improvement opportunities regarding low-scoring indicators within the chart, such as Venous Thromboembolism risk assessment. The Commission will maintain the NSMC audit system and will monitor results from local audits to track improvements against the NSMC safety features and indicators.

Medication without harm

In March 2017, the World Health Organization launched the third Global Patient Safety Challenge with the theme of medication without harm. The goal of the challenge is to gain worldwide commitment and promote action to reduce severe, avoidable medication-related harm by 50% over the five years to 2024.

In 2023–24, the Commission developed a status report on the WHO Global Patient Safety Challenge: Medication without harm. The status report identifies eight areas that have significantly improved and taken steps toward reducing medication-related harms. However, a similar number of priority actions and metrics remain static.

The status report also identifies opportunities to strengthen measurement via updated indicators such as the National Quality Use of Medicines Indicators 2014, develop new indicators to support the National Medicines Policy, and amplify indicators in medicines-focused clinical care standards.

National guidelines for on-screen display of discharge summaries

In 2023, after completing a literature review and environmental scan, the Commission consulted on the revision of the *National Guidelines for On-Screen Presentation of Discharge Summaries*. Consultation involved a series of virtual workshops with representatives from each state and territory.

In early 2024, the Commission further consulted via short surveys to capture the broader perspectives of both the clinical workforce that prepares discharge summaries in hospitals and clinicians in primary care settings who receive the discharge summaries. The findings of these consultations will inform the revision of the Guidelines, which should be finalised in 2024–25.

Mental health

National Safety and Quality Mental Health Standards for Community Managed Organisations

In 2023–24, the Commission released a suite of resources to support implementation of the *National Safety and Quality Mental Health Standards for Community Managed Organisations* (NSQMHCMO Standards). The resources encompass:

- Fact sheets for consumers and carers co-designed with Lived Experience Australia
- An NSQMHCMO Standards Guide for service providers, developed in collaboration with the Mental Health Coordinating Council
- A self-audit tool which enables service providers to track their progress in implementing the actions
- An Advisory setting out non-applicable actions and fact sheets outlining other aspects of implementation and accreditation.

In 2023–24, the Commission also developed online training modules for assessors, which should be finalised in June 2024.

Cognitive impairment and intellectual disability

Resources to support people with intellectual disability

In 2023–24, the Commission developed and consulted on the *National Safety and Quality Health Service Standards User Guide for the Health Care of People with Intellectual Disability* (User Guide).

The User Guide is consistent with human rights directions in the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. It alerts health services and clinicians to the potential barriers to safety and quality in delivery of health care for people with intellectual disability, draws attention to specific NSQHS Standards actions, and provides strategies to address safety and quality risks.

The User Guide integrates strategies to support positive health outcomes and transitions of care through health and disability collaboration. It is scheduled for release in late 2024.

Communicating for safety

Open disclosure

In 2023–24, the Commission completed an evaluation of the Australian Open Disclosure Framework (the Framework). The evaluation recommended the Framework be revised to improve clarity and language and provide more guidance for different healthcare sectors and population groups.

A revision of the Framework, based on the findings of the evaluation, began in September 2023. This work included consultations in the areas highlighted in the evaluation. The Framework and resources to support implementation are scheduled for finalisation and release in 2024–25.

Informed consent

Informed consent is a vital safety and quality issue. It is integral to the right to information in the Australian Charter of Healthcare Rights and is recognised in professional codes of conduct. Supporting patients to understand informed consent and engage effectively in informed consent processes is key to building health literacy and strengthening the role of consumers as partners in their own care.

In 2023–24, the Commission began work to improve the informed consent processes of health services and clinicians' practices and to develop guidance about informed consent for patients, families, carers and guardians who may be acting as substitute decision-makers or facilitating supported decision-making. This work included consumer consultation, which found many people had difficulty in giving informed consent and experienced challenges engaging in healthcare consent processes.

The guidance for health services, clinicians and consumers on informed consent is expected to be finalised in 2024–25.

Comprehensive care

During 2023–24, the Commission continued its commitment to supporting the implementation of the Comprehensive Care Standard by collaborating broadly with stakeholders to provide clarified information and guidance on the requirements of the Standard. Consultation was undertaken and a new Comprehensive Care Advisory Committee was established to provide clinical advice, organisational expertise and consumer input to assist the Commission in providing support to Australian hospitals with commonly raised challenges in implementing the Comprehensive Care Standard. The Commission also published an updated advisory that clarifies requirements for establishing a comprehensive plan of care.

The Commission also undertook preliminary work to develop resources for primary and community settings.

Emergency Triage Education Kit

Accurate and consistent triage is the foundation of equitable and safe patient care in emergency departments, as well as effective and efficient use of resources.

In 2023–24, the Commission revised the Emergency Triage Education Kit (ETEK) with funding from the Department. ETEK is a resource for learners preparing for the roles of triage nurse and educator. It focuses on how to apply the Australasian Triage Scale and the knowledge, communication and decision-making skills that underpin the triage process.

The revised ETEK includes new and updated content on decision-making, the effect of bias at triage, communicating with patients and support people, care for older people, responding to psychological distress, and recognising early signs of sepsis. New case studies aid educator-led discussions about decision-making in high-risk and high-volume presentations.

The ETEK is designed to support nationally consistent training. It can be incorporated into state and territory policies, training programs and online learning modules.

The Commission grew the membership of its Person-Centred Care Network to over 4,000 members, strengthening collaboration.

Priority 2: Partnering with consumers

This strategic priority is to ensure patients, consumers, carers and the community are engaged in understanding and improving health care for all.

Supporting consumer engagement and partnerships

Australian Charter of Healthcare Rights

The Commission continued to support consumers to understand and use the Australian Charter of Healthcare Rights (the Charter) as a tool to engage as partners in their own care.

To better focus efforts, in 2023–24 the Commission worked to understand the health settings, health service types and population groups in which awareness of the Charter could be improved among consumers and the health workforce. This included a review of the Charter's use in primary and community care settings and in groups at higher risk of harm: young people, older people, people with disability, people from culturally and linguistically diverse backgrounds or rural and remote areas, and First Nations people. Strategies to promote awareness and understanding of the Charter in these contexts were developed.

A series of culturally safe animations about healthcare rights for First Nations people in the Northern Territory was commissioned and released in six commonly spoken community languages in the region: Yolngu Matha, Murrinh-Patha, Anindilyakwa, Kunwinjku, Tiwi and Kriol. The animations were developed as part of a partnership project between the Commission and NT Health to meet the needs of the communities they serve.

In response to community and stakeholder feedback, and as part of its ongoing commitment to increase the Charter's accessibility, the Commission added 14 more community-language translations of Charter-related resources.

Supporting consumers to partner in their own health care

Shared decision-making is an important part of person-centred care. It combines the patient's values, goals and preferences with the best available evidence about the benefits, risks and uncertainties of treatment to reach the most appropriate healthcare decisions for that person.

In 2023–24, the Commission updated and released five decision support tools designed to assist patients and clinicians to discuss antibiotics as a treatment option and to provide accurate expectations of possible benefits and harms as a basis for choices about treatment. Each of these decision aids discusses a particular clinical condition:

- Sore throat: Should I take antibiotics?
- Middle ear infection: Should my child take antibiotics?
- Acute bronchitis: Should I take antibiotics?
- Chronic obstructive pulmonary disease exacerbation (flare-up): Should I take antibiotics?
- Sinusitis: Should I take antibiotics?

In 2023–24, the Commission partnered with Health Consumers New South Wales to release a podcast and video series highlighting the Charter. The four episodes of *Patient Power: Healthcare rights and positive change* drew on the experiences of patients, consumer representatives, family members, carers and clinicians to encourage patients, families, friends and healthcare providers to work in partnership to put these rights into practice.

Supporting consumers to engage with organisational design and governance

In 2023–24, the Commission published *Partnering with Consumers: A guide for consumers* (the Guide) to help consumers and health service organisations better understand how to get the most from their partnerships.

Developed using a co-design process facilitated by the Consumers Health Forum of Australia, the Guide describes the practical aspects of the NSQHS Partnering with Consumers Standard and provides strategies for strengthening partnerships between consumers and health services. An educational package and series of case studies have also been released to support its use. The educational sessions are designed to be led by a consumer and delivered in partnership with relevant staff from their local health service organisation.

The Commission grew the membership of its Person-Centred Care Network to over 4,000 members, strengthening collaboration. The Network brings together people from Australia and beyond with a shared interest in strengthening the delivery of person-centred care through peer support and shared learning. Four editions of a newsletter, *Person-Centred Care Insights,* were published, and four webinars were held with a focus on consumer engagement:

- Personalised care – An international perspective
- Health literacy and person-centred care
- Giving consumers a voice in paediatric care
- Person-centred care in primary care.

End-of-life care

The revised second edition of the *National Consensus Statement: Essential elements for safe and high-quality end-of-life care* (Consensus Statement) was published in late 2023. The second edition incorporated findings from two rapid literature reviews and additional consultation with the primary and community care sector, expert advisory committees and the Australian public to support safe, high-quality end-of-life care whenever care is provided.

A literature review has subsequently been completed to examine current evidence that supports updating the *National Consensus Statement: Essential elements for safe and high-quality paediatric end-of-life care*. Work has begun to update this statement in collaboration with paediatric specialists and stakeholders.

A gap analysis was concurrently completed to scope requirements for updating other Commission resources for end-of-life care to ensure consistency, including the *Delivering and Supporting Comprehensive End-of-Life Care User Guide* and the audit tool for end-of-life care.

Measuring patient experience

Patient-reported experience measures

The Commission continued to support health service organisations to use measurement of patient experience to improve safety and quality of care. This has included:

- Updating web pages with information on patient experience measurement
- Collaborating with organisations to support measurement of patient experience in paediatric patient populations
- A research project to develop a patient-reported experience measure for First Nations people using primary health care
- Support to implement the Australian Hospital Patient Experience Question Set.

Patient-reported outcome measures

Patient-reported outcome measures (PROMs) provide a systematic way of assessing a patient's view of the impact of interventions on their clinical condition, wellbeing and quality of life. In 2023–24, the Commission continued its work to support the implementation of PROMs in Australia. The Commission has finalised consensus-based recommendations for the use of PROMs in low back pain that will be released in 2024–25.

The Commission has begun exploring options to develop recommendations on PROMs in maternity care after completing an environmental scan focusing on their use domestically and internationally.

The PaRIS initiative

The Department appointed the Commission to manage the Organisation for Economic Co-operation and Development (OECD) Patient Reported Indicator Surveys (PaRIS Survey) in Australia in May 2021.

The PaRIS Survey is the first survey of its kind to assess the outcomes and experiences of patients living with chronic conditions in primary healthcare settings across countries. In Australia, the survey was open to accredited GP practices and their patients. The national rollout of the PaRIS Survey in Australia began in June 2023 and closed on 30 November 2023.

In January 2024, the OECD published *Healthcare Through Patients' Eyes* with preliminary results from the PaRIS Survey. This report contained de-identified Australian data. The Commission analysed the Australian survey responses. A dashboard of results and summary was provided to participating GP practices. The OECD will publish a global flagship report in late 2024.

Priority 3: Partnering with healthcare professionals

This strategic priority is to ensure healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care.

Indicators, measures and dataset specifications

While most health care in Australia is associated with good clinical outcomes, preventable adverse events and complications continue to occur across the healthcare system. To assist in identifying instances of harm, the Commission developed indicators for local monitoring of safety and quality. For example, hospital-acquired complications (HACs), avoidable hospital readmissions, severe acute maternal morbidity, and sentinel events are monitored. These indicators are intended to be used alongside patient-reported experience measures and patient-reported outcome measures (PROMs), which ensure the voices of patients are foregrounded, along with measures of the perspectives of hospital staff on patient safety culture.

In partnership with the Independent Health and Aged Care Pricing Authority and the state and territory health departments, in 2023–24 the Commission maintained the specifications for sets of indicators under the National Health Reform Agreement. This maintenance process includes considering stakeholder requests to amend the indicators, clinician advice and updates to ensure alignment with the latest data standards and definitions.

The Commission supports the healthcare system by providing national analyses of system efficiency, effectiveness and quality. In early 2024, the Commission became accredited as a registered Data User under the *Data Availability and Transparency Act*, demonstrating the strong commitment of the Commission to data security, privacy and technical best practice.

Hospital-acquired complications list

In 2023–24, the Commission continued to support local-level monitoring and improvement of patient care with the HACs list. Following publication of the HACs FAQs and Resources web page, the resources and the set of goal rates for HACs for health services were updated in 2023–24.

Avoidable hospital readmissions list

In 2023–24, the Commission continued its role under the 2020–2025 *Addendum to the National Health Reform Agreement* to review and maintain the avoidable hospital readmissions list. The Commission supported health services and jurisdictions in understanding and interpreting this indicator set, including providing advice and responding to questions about specific incidences of avoidable hospital readmissions.

Sentinel events

Sentinel events are a subset of adverse events that result in death or serious harm to a patient. The Commission's Sentinel Event Internal Steering Committee (SEISC), comprising senior clinical and executive staff, reviews queries and provides guidance on potential sentinel events. Queries and the committee's determinations are reviewed regularly to identify common issues and monitor the currency and clinical validity of the sentinel event list and specifications.

In 2023–24, the Commission received a range of queries that were considered by the SEISC, with final advice provided to the relevant state and territory health departments.

Clinical care standards indicators

The Commission continued its work to develop and specify indicators to support the implementation of clinical care standards. In 2023–24, this work included:

- Developing and publishing new indicators for the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard
- Reviewing and updating existing indicators for the Osteoarthritis of the Knee and Heavy Menstrual Bleeding Clinical Care Standards
- Starting the development of new indicators for the Chronic Obstructive Pulmonary Disease Clinical Care Standard
- Starting a review of existing indicators for the Colonoscopy and Acute Stroke Clinical Care Standards.

Improving reporting of safety and quality data

Aligning public reporting for public and private hospitals

At the request of health ministers, the Commission has developed the *Safety in Health Care* web tool. The tool allows people to view reliable safety and quality information about individual Australian health services through a single national platform.

Initially, the tool will be released with three safety and quality indicators: (1) assessment against the NSQHS Standards, (2) results from the National Hand Hygiene Audits, and (3) rates of *Staphylococcus aureus* bloodstream infections. Data for these indicators is sourced from publicly available national databases.

An embargoed process to review the tool was undertaken between December 2023 and February 2024. This provided an opportunity for the public and private hospital sectors and jurisdictions to view their data within the tool before it went live. The tool will be made live in mid-2024.

Incident management

In 2023–24, to build on the Commission's *Incident Management Guide*, the Commission consulted with patient safety directorates of states and territories, and with international patient safety colleagues, to understand which aspects of the incident management process have been working well and which areas might need further focus. This led to targeted areas of work for the Commission on investigating best-practice methods for involving consumers and exploring pathways to share lessons learned from incident investigations.

The Commission has continued to work with states and territories to develop approaches to support sharing of lessons learned from patient safety incidents. It also supported a research project funded by the National Health and Medical Research Council on incident management, which focused on improving the strategy and function of incident management systems and investigations.

National One Stop Shop

The purpose of the National One Stop Shop is to streamline and harmonise the operating environment for the approval and management of clinical trials and health-related research to make it easier for patients, researchers, industry representatives and sponsors to find, conduct, participate in and invest in high-quality, ethical research in Australia.

In October 2023, the Hon. Mark Butler MP announced the appointment of Emeritus Professor Ian Chubb AC FAA FTSE to lead key reforms as Chair of the Inter-Governmental Policy Reform Group (IGPRG) for health and medical research, including clinical trials.

All Australian health ministers agreed to establish the enduring IGPRG, which will provide policy and operational oversight of the National One Stop Shop for health and medical research. The Commission holds a membership seat with the IGPRG and will continue to engage in developments associated with the National One Stop Shop project as they mature and to support the Department as it takes leadership of this work.

Expansion of the National Mutual Acceptance scheme

In 2023–24, the Commission began a series of targeted public consultations against a set of draft Quality Standards developed for human research ethics committees (HRECs). The draft Quality Standards comprised three standards: Institutional Governance and Culture, Institutional Operations, and HREC composition and members.

In February 2024 a draft Consultation Report summarising outcomes from the targeted consultations was provided to the Department. It covered emerging themes, analysis from the meetings, and related findings. This will progress to the IGPRG for review and comment in late 2024.

The Commission will use this work, and work alongside the IGPRG and the Ethics Committee Advisory Group to develop a draft accreditation standard, accreditation scheme and implementation plan with guidance from jurisdictions over 2024–25.

Revision of the Framework for Australian Clinical Quality Registries

Australia's Clinical Quality Registries make a unique contribution to the Australian health system. They collect, analyse and report information about the care and outcomes being delivered by health service organisations, and serve as a fundamental driver of ongoing improvements in the safety and quality of the care provided to Australian consumers.

In 2023–24, the Commission worked with a jurisdiction-based representative expert Advisory Group to revise the Framework for Australian Clinical Quality Registries 2014 and produce the Australian Framework for National Clinical Quality Registries 2024 (the Framework).

The revised Framework is a key priority under the Australian Government's new National Clinical Quality Registry Program and underpins the National for Clinical Quality Registries Strategy 2020–2030. It is scheduled for release in 2024–25.

Quality use of medicines

The Commission's expanded program of work on quality use of medicines (QUM) continued in 2023–24. This follows the transfer to the Commission, from 1 January 2023, of a range of QUM activities developed under the Department's Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) program.

QUM activities complement the Commission's existing Medication Safety Program and previous work, including the development of national indicators for QUM in Australian hospitals, guiding principles on resources for medication management, and the *National Baseline Report on Quality Use of Medicines and Medicines Safety – Phase 1: Residential aged care*.

Transition of QUM functions and stewardship

During 2023–24, the Commission continued to review and integrate new QUM functions, including:

- Re-commencing publication of RADAR to provide health professionals with timely, evidence-based information on new drugs and medical tests and changes to listings on the Pharmaceutical Benefits Scheme and Medicare Benefits Schedule
- Supporting the Council of Australian Therapeutic Advisory Groups for secretariat functions and an update of *Achieving Effective Medicines Governance: Guiding principles for drug and therapeutics committees in Australian public hospitals*
- Continuing to support the MedicineWise and Doctor's Bag apps during the review process
- Transitioning the QUM e-learning modules to a new QUM learning site hosted by the Commission
- Identifying options for redesigning Practice Reviews to focus on low-value care
- Maintaining access to website materials developed by NPS MedicineWise while reviewing the currency of content and ongoing relevance
- Developing options for maintaining relevant elements of Choosing Wisely Australia and aligning with the Commission's work on low-value care
- Transferring the National Prescribing Curriculum to the University of Tasmania.

National Medicines Symposium

The Commission hosted the National Medicines Symposium for the first time on 8 November 2023, with the topic "The future of medicines: Good for people, good for the planet".

The symposium was held virtually to allow greater and more flexible participation across the country. It brought together leading organisations, experts, clinicians, consumers and policymakers for a timely discussion on emerging and key issues around sustainability and the quality use of medicines. There were 1,839 registrations and 1,703 total views during the broadcast of the event.

MedicineInsight data collection

In 2023, the Commission took custodianship of the MedicineInsight program and data collection. The primary aim of the program is to support activities for quality improvement in primary care. As Australia's largest longitudinal primary care database, MedicineInsight provides valuable data analysis for general practitioners, and at a national aggregated level, on aspects of patient care and medicine prescribing.

In 2023–24, after ethics approval, the Commission began reconsenting previously participating practices and onboarding new practices into MedicineInsight, aiming to build a robust and representative national data collection.

The Commission continues to build MedicineInsight into a valuable data collection to support quality improvements and research in primary care. By 30 June 2024, 263 general practices had consented to participate in the program.

> **Mapping differences in healthcare use across Australia is an important tool for identifying potentially unwarranted variation in healthcare delivery.**

Priority 4: Quality, value and outcomes

This strategic priority area is to ensure evidence informs the delivery of safe, appropriate and high-quality care.

Identifying healthcare variation

Mapping differences in healthcare use across Australia is an important tool for identifying potentially unwarranted variation in healthcare delivery. Substantially higher or lower rates of an intervention can raise concerns about equity and appropriateness of care.

When variation in care is identified, it can prompt further investigation into the causes – whether the variation reflects differences in people's healthcare needs or in their informed choices, or whether it is unwarranted variation and represents an opportunity for the health system to improve.

Improvement may involve increasing access to treatment options for better outcomes or reducing treatment that has little or no benefit – that is, low-value care. Reducing low-value care benefits patients and increases the sustainability of the health system.

Women's Health Focus Report

Published in June 2024, the *Women's Health Focus Report* examined trends in the rates of hysterectomy and endometrial ablation according to where women live. The report builds on findings from the *Second Australian Atlas of Healthcare Variation* (the Second Atlas) and follows the release and implementation of the Heavy Menstrual Bleeding Clinical Care Standard in 2017.

The report was prompted by the sustained high rate of hysterectomy in Australia compared to rates in other countries, continuing concerns about harms, and the need to consider the resources associated with potentially unnecessary surgical interventions.

The report found rates of hysterectomy were much higher in regional areas than in major cities and remote areas, suggesting that less-invasive alternatives to hysterectomy such as hormone-releasing intra-uterine devices and endometrial ablation were not being used consistently across Australia.

The national rate for hospitalisations for hysterectomy fell by 20% between 2014–15 and 2021–22. This decrease reversed the trend of increasing rates between 2012–13 and 2014–15 that was reported in the Second Atlas. While the latest data show less regional variation and a lower national rate of hysterectomy, Australia's rate is still higher than that of similar OECD countries.

The national rate of hospitalisations for endometrial ablation (recommended as the first surgical option for heavy menstrual bleeding) increased by 10% during the reporting period. This increase may have contributed to the lower rate of hysterectomies in the same reporting period.

Releasing the *Women's Health Focus Report* in concert with the updated Heavy Menstrual Bleeding Clinical Care Standard allows policymakers and clinicians to examine their local data and determine whether their rates of hysterectomy reflect patients' needs and preferences and an evidence-based model of care, or whether their rates likely reflect other factors and therefore represent unwarranted variation.

Improving appropriateness of care

Clinical care standards support the delivery of appropriate, evidence-based clinical care by describing the care patients should be offered by clinicians and health services. Appropriate care reduces the risk of harm, maximises benefits and avoids ineffective interventions.

Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard

The importance of ensuring the safe and appropriate use of psychotropic medicines for people with cognitive disability or impairment was highlighted by findings of the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

The Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard was developed following the release of a joint statement by the Commission, the ACQSC and the NDIS Quality and Safeguards Commission (NDIS Commission) in March 2022. The statement outlined a shared commitment to working together to reduce the inappropriate use of psychotropic medicines in older people and people with cognitive disability or impairment.

The goal of this clinical care standard is to ensure the safe and appropriate prescribing and use of psychotropic medicines in people with cognitive disability or impairment. The Standard aims to uphold the rights, dignity, health and quality of life of people with cognitive disability or impairment in all healthcare settings.

This Standard, which has been endorsed by the ACQSC, the NDIS Commission and 23 other key professional and consumer organisations and peak bodies, was launched in May 2024.

Chronic Obstructive Pulmonary Disease Clinical Care Standard

Chronic Obstructive Pulmonary Disease (COPD) is a serious chronic condition affecting an estimated 1 in 13 Australians aged over 40 years. COPD imposes a high burden on patients and the healthcare system. It is the leading cause of potentially preventable hospitalisations in Australia.

In Australia, health care for COPD varies significantly. *The Fourth Australian Atlas of Healthcare Variation* identified that hospitalisation rates for COPD in local areas varies up to 18-fold. Data from the *Fourth Australian Report on Antimicrobial Use and Resistance in Human Health* also highlighted that when antimicrobials are prescribed for COPD in inpatient settings, almost 50% of prescriptions are inappropriate.

The COPD Clinical Care Standard aims to reduce the number of hospitalisations that were potentially preventable and improve overall outcomes for people with COPD by supporting best practice in the assessment and management of COPD, including exacerbations. It also aims to encourage consideration of the palliative care needs of people with COPD to support symptom management and improve quality of life.

The Standard has been informed by stakeholder consultation, including with key experts, consumer organisations, professional colleges and societies, and individuals. Public consultation on the draft Standard in late 2023 received 107 submissions.

The COPD Clinical Care Standard is scheduled for release in late 2024.

Review of published clinical care standards

The Commission has published 19 clinical care standards since 2014. The standards are regularly reviewed to ensure continued alignment with clinical practice guidelines and relevance to clinical practice. In 2023–24:

- The Hip Fracture Clinical Care Standard was reviewed, updated and subsequently launched at the Australian and New Zealand Hip Fracture Registry's annual Hip Fest conference in September 2023.
- The review of the Heavy Menstrual Bleeding Clinical Care Standard was completed in 2024 and endorsed by 21 key organisations; it was published in June 2024.
- The Osteoarthritis of the Knee Clinical Care Standard was endorsed by the Board in November 2023 with an anticipated launch in the second half of 2024.
- The Colonoscopy Clinical Care Standard review began with a survey and interviews with key experts,
- In preparation for the Acute Stroke Clinical Care Standard review, a stakeholder survey was undertaken.

Case study – Improving care for hip fracture: the Clinical Quality Registry and the clinical care standard

Around 19,000 Australians fracture their hip each year. Of those, around one in four will die within 12 months. Hip fractures impose a considerable cost on patients, families and the healthcare system, estimated at $595 million in 2019–20.

The revised Hip Fracture Clinical Care Standard (the Standard) was launched in September 2023, coinciding with the most recent report from the Australian and New Zealand Hip Fracture Registry (ANZHFR). The Standard, first published in 2016, aims to improve the assessment and management of patients with a hip fracture, optimise outcomes, and reduce the risk of another fracture.

Data from the ANZHFR informed the review, providing a national picture of achievements in the care recommended in the Standard.

Changes in response to registry data: Time to surgery

The evidence: Prompt hip fracture surgery reduces morbidity, speeds up functional recovery and reduces length of stay.

The data: ANZHFR data showed that the average time to surgery had decreased from 37 hours in 2017 to 34 hours in 2021. However, for patients requiring transfer between hospitals for surgical management, the average time to surgery was 47 hours in 2021, with a range of 29 to 89 hours.

The updated Standard: The revised Standard reduced the recommended time to surgery from 48 hours in the original Standard to 36 hours for all patients, regardless of where they first present. The Standard calls on healthcare services to build effective networks and systems to ensure coordinated transfer and timely surgery.

Changes in response to registry data: Pain management

The evidence: Nerve blocks can reduce opioid dose requirements and represent an option for patients who are older and more susceptible to opioid side effects such as sedation, respiratory complications and delirium.

The data: ANZHFR data identified that although 81% of patients received a nerve block to manage their pain before surgery, there was geographical variability in use.

The updated Standard: The updated Standard recommends the use of nerve blocks and has included two new clinical indicators to capture their use. In the vulnerable cohort of patients that require transfer for surgery, the new indicator aims to drive improvement in the administration of nerve blocks before transfer.

Aligning the ANZHFR data collection and the Hip Fracture Clinical Care Standard is a powerful way to improve quality of care. It allows monitoring of process and outcomes at both facility and national levels and enables the Commission to prioritise target areas when clinical care standards are reviewed.

Annual performance statements

As the accountable authority of the Commission, the Board presents the 2023–24 annual performance statements of the Commission, as required under subsection 39(1) of the *Public Governance, Performance and Accountability Act 2013*. In the opinion of the Board, based on advice from Commission management and the Audit and Risk Committee, these annual performance statements accurately reflect the performance of the Commission and comply with subsection 39(2) of the *Public Governance, Performance and Accountability Act 2013*.

Professor Christine Kilpatrick AO
Board Chair

Our purpose

Our purpose is to contribute to better health outcomes and experiences for all patients and consumers and improve the value and sustainability of the health system by leading and coordinating national improvements in the safety and quality of health care. Within this overarching purpose, the Commission aims to ensure that people are kept safe when they receive health care and that they receive care that is right for them.

The functions of the Commission are specified in section 9 of the *National Health Reform Act 2011*, and include:

- Formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- Advising health ministers on national clinical standards
- Promoting, supporting and encouraging the implementation of these standards, and related guidelines and indicators
- Monitoring the implementation and impact of the standards
- Promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality matters
- Formulating model national schemes that provide for the accreditation of organisations that provide healthcare services, and relate to healthcare safety and quality matters
- Publishing reports and papers relating to healthcare safety and quality matters.

Analysis of performance against purpose

In 2023–24, the Commission achieved its deliverables in line with the Commission's section of the 2023-24 Health Portfolio Budget Statements and *Corporate Plan 2023–24*. The Commission continued to deliver consistently high-quality and valuable work in areas that can be improved through national coordination and action.

The Commission's Strategic Intent 2020–25 guides the Commission in undertaking its work and is expressed in four strategic priorities that aim to ensure that patients, consumers and communities have access to and receive safe and high-quality health care.

Key to the Commission's strategic priorities are partnerships led at a national level, supported by local activities and implementation to improve quality, value and outcomes. To facilitate these national partnerships, the Commission works closely with patients, carers, and clinicians; the Australian, state and territory health systems; the private sector; managers; and healthcare organisations to achieve a safe, high-quality, and sustainable health system.

The Commission works with its partners to support the implementation of safety and quality initiatives by developing guidance, resources, tools, and educational materials. The Commission also supports the evaluation of its activities and the measurement of the impact of initiatives to improve safety and quality on the health system. The Commission continually looks to identify new and emerging safety and quality issues while being responsive to the evolving needs of its partners and the healthcare system.

The Commission has taken a risk management approach to balancing work plan activities, including considering the impact of its work on the health system as it manages ongoing pressures and workforce challenges following the COVID pandemic. The Commission continually monitors the progress of projects and deliverables. Consequently, the Commission has been able to progress its strategic priorities as planned and deliver the work plan.

In 2023–24 some of the Commission's key achievements included:

- Development and release of a range of resources to support health service organisations in understanding and meeting the requirements of the NSQHS Standards, including guides and fact sheets on topics such as annual attestation, working with the My Health Record system, reusable medical devices, and oral health
- Launch of the National Safety and Quality Cosmetic Surgery Standards and accompanying resources including the Cosmetic Surgery Module
- Finalisation and release of the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard and accompanying resources
- Convention of the Commission's first National Medicines Symposium, The future of medicines: Good for people, good for the planet
- Publication of the revised Emergency Triage Education Kit and supporting resources
- Release of the *Women's Health Focus Report* and publication of the revised Heavy Menstrual Bleeding Clinical Care Standard
- Publication of the *CARAlert Annual Report: 2023*, which provides the results of analysis of data on confirmed critical antimicrobial resistances (CARs) submitted to the National Alert System for Critical Antimicrobial Resistances (CARAlert) in 2023
- Launch of *Partnering with Consumers: A guide for consumers*, which was developed using a co-design process in collaboration with Consumers' Health Forum of Australia.

Performance against the Corporate Plan 2023–24 and Health Portfolio Budget Statements performance criteria

The Commission's *Corporate Plan 2023–24* was prepared under subsection 35(1)(a) of the *Public Governance, Performance and Accountability Act 2013*, and published in accordance with section 16E(3) of the Public Governance, Performance and Accountability Rule 2014.

The *Corporate Plan 2023–24* identifies the strategic priorities that drive the Commission's direction and work for the four-year period to 2026–27, and specifies how the Commission will measure its performance during that period. The Corporate Plan is informed by the Commission's work plan, which is required under the *National Health Reform Act 2011*. The Corporate Plan can be accessed on the Commission's website at the following link: https://www.safetyandquality.gov.au/about-us/corporate-plan.

The Commission's performance criteria for 2023–24 were published in the Corporate Plan and formed the basis of the Commission's entry in the 2023–24 Health Portfolio Budget Statements. Table 1 provides a report against the performance measures set out in the Corporate Plan 2023–24 and Health Portfolio Budget Statements.

TABLE 1: REPORT AGAINST PERFORMANCE CRITERIA AND TARGETS IN THE 2023–24 CORPORATE PLAN AND HEALTH PORTFOLIO BUDGET STATEMENTS*

Performance criteria	Target 2023–24	Result against performance criteria
Implement National Safety and Quality Health Service (NSQHS) Standards and coordinate the Australian Health Service Safety and Quality Accreditation Scheme, whilst supporting health services, health professionals, patients and consumers to form effective partnerships.	Hospitals and day procedure services are assessed against the NSQHS Standards.	**Achieved and ongoing** Hospitals and day procedure services were assessed against the NSQHS Standards. As part of this process the Commission: • Monitored the assessment outcomes data by states, territories, program areas, Commission standing committees and the Board • Responded to queries through the Advice Centre. In 2023–24 the Commission received 3,618 queries through the Advice Centre. 98% were resolved within five working days.
	Develop 5 publications or other resources to provide guidance to support implementation of the second edition of the NSQHS Standards.	**Achieved and ongoing** Development and maintenance of resources to support the implementation of the standards was achieved. Two advisories were developed on: • Hand hygiene • The application of the NSQHS Standards for Ambulance Health Services. Three factsheets were developed on: • Clean and safe environment • Short notice assessments • The application of clinical care standards.

* Wording for the performance criteria and targets reflect the Commission's Corporate Plan 2023–24. This wording may vary slightly from the performance criteria and targets within the 2023–24 Portfolio Budget Statement due to editing and timing of publications.

The Commission's performance criteria are on pages 15–16 of the Corporate Plan 2023–24 and pages 155–172 of the 2023–24 Portfolio Budget Statements.

TABLE 1: REPORT AGAINST PERFORMANCE CRITERIA AND TARGETS IN THE 2023–24 CORPORATE PLAN AND HEALTH PORTFOLIO BUDGET STATEMENTS *CONTINUED*

Performance criteria	Target 2023–24	Result against performance criteria
	Accrediting agencies are approved to assess health services to the NSQHS Standards.	**Achieved and ongoing** Six accrediting agencies were approved. The Commission undertook performance reviews in December 2023 to ensure ongoing compliance with approval conditions. The small number of issues identified are being addressed as part of the conditions of approval.
	Develop 5 publications or other resources to provide guidance to health services, health professionals and consumers about forming effective partnerships.	**Achieved and ongoing** More than five publications and other resources were developed, including: • Three issues of a person-centred care newsletter sent to network of over 4,000 members • Resources to support *Partnering with Consumers: A guide for Consumers*, including a facilitator guide and case studies • Development of NSQHS Standards user guide for health services providing care for people with intellectual disability • Production of three animations helping consumers to navigate the healthcare complaints system • Review and publication of four decision-aids to assist consumers and clinicians in making shared-decisions around use of antibiotics.

TABLE 1: REPORT AGAINST PERFORMANCE CRITERIA AND TARGETS IN THE 2023–24 CORPORATE PLAN AND HEALTH PORTFOLIO BUDGET STATEMENTS *CONTINUED*

Performance criteria	Target 2023–24	Result against performance criteria
Examine healthcare variation and work to reduce unwarranted variation to improve quality and appropriateness of care for all Australians.	Produce a rolling program of reports with time series data on health care variation in Australia.	**Achieved** The Commission continued to produce a rolling program of reports with time series data including developing and publishing: • A *Women's Health Focus Report* in June 2024, in coordination with the release of the updated Heavy Menstrual Bleeding Clinical Care Standard.
	Produce clinical care standards and other resources, focusing on high impact, high burden and high variation areas of clinical care.	**Achieved** The Commission released the Psychotropic Medicines in People with Cognitive Disability or Impairment Clinical Care Standard on 9 May 2024. The Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard was finalised in July 2024, and will be released in September 2024.
	Review and revise previously released clinical care standards.	**Achieved** The Commission released the revised Hip Fracture Clinical Care Standard in September 2023. The Heavy Menstrual Bleeding Clinical Care Standard was released in June 2024, alongside the *Women's Health Focus Report*. The Osteoarthritis of the Knee Clinical Care Standard was finalised in 2023-24 and will be released in August 2024.
Evaluate to improve stakeholders' experience of working with the Commission.	Use/maintain systems and processes to evaluate and improve stakeholder consultation and advisory mechanisms.	**Achieved** The Commission designed processes to seek feedback tailored to their committees and stakeholders. Processes include gaining stakeholder feedback by conducting surveys of committee members, including an opportunity for feedback as a standing agenda item at meetings, and/or holding one-on-one interviews with stakeholders. The annual organisation-wide workshop to review stakeholder feedback and identify opportunities for improvement was held on 6 May 2024. Staff shared feedback and suggestions on the process used to seek feedback, and discussed feedback received.

TABLE 1: REPORT AGAINST PERFORMANCE CRITERIA AND TARGETS IN THE 2023–24 CORPORATE PLAN AND HEALTH PORTFOLIO BUDGET STATEMENTS *CONTINUED*

Performance criteria	Target 2023–24	Result against performance criteria
Identify, specify and refine clinical and patient reported measures and safety and quality indicators to enable health services to monitor and improve the safety and quality of care.	Provide and maintain nationally agreed health information standards, measures and indicators for safety and quality, including: • support and measure performance towards new clinical care standards • support and measure performance towards an enhanced patient safety culture.	**Achieved** There was continued activity to support measurement of the clinical care standards and safety culture, including: • Indicators were developed for the new Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard and uploaded to the Metadata Online Registry (MeTEOR). • Indicators were developed and consulted on for the Chronic Obstructive Pulmonary Disease (COPD) Clinical Care Standard. Work has continued to revise the COPD Clinical Care Standard indicators based on the feedback. • Work commenced to review the indicators for the Colonoscopy Clinical Care Standard.
	Provide further guidance and tools for health services to support the local use of data for safety and quality improvement.	**Achieved** Work to provide further guidance and tools on local use of data for quality improvement continued, including: • Completion of the recommendations for Patient Reported Outcome Measures (PROMs) for people experiencing Lower back pain, to be published in 2024-25 • Engagement with stakeholders implementing PROMs in maternity care to develop recommendations • Continued development of a National Acute Care Safety and Quality Measurement Framework. In 2023-24 an environmental scan was completed, and an independent external review process was undertaken. • Commencement of the development of a National Primary Care Safety and Quality Measurement Framework. A literature review, environmental scan and gap analysis on primary care measurement has been undertaken in 2023-24. The Commission also provided personalised guidance and technical advice to a range of health service organisations in 2023-24 to support local quality improvement.

TABLE 1: REPORT AGAINST PERFORMANCE CRITERIA AND TARGETS IN THE 2023–24 CORPORATE PLAN AND HEALTH PORTFOLIO BUDGET STATEMENTS *CONTINUED*

Performance criteria	Target 2023–24	Result against performance criteria
	Maintain guidance and tools for adverse patient safety events and hospital-acquired complications.	**Achieved** The Commission commenced reviewing the Patient Reported Experience Measures (PREMs) web pages, including preparing for the publication of the literature review on PREMs in primary care. The Commission continued to maintain the hospital-acquired complications and avoidable hospital readmissions (AHRs) lists and consider queries and suggested revisions with the Independent Health and Aged Care Pricing Authority on pricing models. In late 2023, the Commission consulted with the Australian Institute of Health and Welfare, the Productivity Commission, Strategic Committee for National Health Information and the Interjurisdictional Committee, to reach agreement on the Commission undertaking the work to refine the current Unplanned Hospital Readmissions (UHR) indicators and develop AHR indicators, for public reporting. The project plan is currently being drafted. The Commission continued to maintain the Sentinel events list for Australia and respond to queries received from states and territories.

3. Corporate governance and accountability

This section outlines the Commission's legislative requirements, corporate governance and accountability processes, including internal and external scrutiny arrangements, and procedures for risk management and fraud control. It also includes profiles of the Commission's Board and committee members.

Legislation and requirements

The Commission is a corporate Commonwealth entity of the Australian Government, accountable to the Australian Parliament and the Australian Government Minister for Health and Aged Care.

The Commission's principal legislative basis is the *National Health Reform Act 2011*, which sets out the Commission's purpose, powers, functions, and administrative and operational arrangements. The *National Health Reform Act 2011* also sets out the Commission's Constitution, the process for appointing members of the Board and the Chief Executive Officer (CEO), and the operation of Board meetings.

The Commission must fulfil the requirements of the *Public Governance, Performance and Accountability Act 2013*, which regulates certain aspects of the financial affairs of Commonwealth entities; their obligations relating to financial and performance reporting, accountability, banking and investment; and the conduct of their accountable authorities and officials.

Compliance with legislation

The Commission has complied with the provisions and requirements of the:

- *Public Governance, Performance and Accountability Act 2013*
- Public Governance, Performance and Accountability Rule 2014
- Appropriation Acts
- Other instruments defined as 'finance law', including relevant ministerial directions.

Strategic planning

The Commission's Strategic Intent 2020–2025 outlines four priority areas of focus for the Commission and describes a range of mechanisms used to progress them. The four strategic priorities that guide the Commission in undertaking its work are:

- **Priority 1: Safe delivery of health care** – clinical governance, systems, processes and standards ensure that patients, consumers and staff are safe from harm in all places where health care is delivered
- **Priority 2: Partnering with consumers** – patients, consumers, carers and the community are engaged in understanding and improving health care for all
- **Priority 3: Partnering with healthcare professionals** – healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care
- **Priority 4: Quality, value and outcomes** – evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred.

Ministerial directions

Section 16 of the *National Health Reform Act 2011* empowers the Australian Government Minister for Health and Aged Care to make directions with which the Commission must comply. The Minister for Health and Aged Care made no such directions during the 2021–22 reporting period.

Related-entity transactions

In accordance with the requirements prescribed by section 17BE of the Public Governance, Performance and Accountability Rule 2014 and the Australian Government Department of Finance *Resource Management Guide 136: Annual reports for corporate Commonwealth entities*, related-entity transactions for 2023–24 are disclosed in Appendix A.

Indemnity and insurance

The Commission holds directors' and officers' liability insurance cover through Comcover, the Australian Government's self-managed fund. As part of its annual insurance renewal process, the Commission reviewed its insurance coverage in 2023–24 to ensure that the coverage was still appropriate for its operations. During the year, no indemnity-related claims were made, and the Commission knows of no circumstances likely to lead to such claims. Many liability limits under the Commission's schedule of cover are standard Australian Government limits, such as $100 million in cover for general liability and professional indemnity, as well as directors' and officers' liability. The Commission's business interruption indemnity cover is for a period of up to 24 months. Motor vehicle, third-party property damage and expatriate cover have not been taken out, as they do not apply to the Commission.

Commission's Board

The Commission's Board governs the organisation and is responsible for the proper and efficient performance of its functions. The Board establishes the Commission's strategic direction, including directing and approving its strategic plan and monitoring management's implementation of the plan.

The Board also oversees the Commission's operations. It ensures that appropriate systems and processes are in place so that the Commission operates in a safe, responsible and ethical manner, consistent with its regulatory requirements.

The Board is established and governed by the provisions of the *National Health Reform Act 2011* and the *Public Governance, Performance and Accountability Act 2013*.

Board membership 2023–24

The Australian Government Minister for Health and Aged Care appoints the Commission's Board in consultation with all state and territory health ministers. The Board includes members who have extensive experience and knowledge in the fields of healthcare administration, provision of health services, law, management, primary health care, corporate governance, and improvement of safety and quality.

Professor Christine Kilpatrick AO (Chair)

Professor Kilpatrick has been a member of the Commission Board since 17 July 2023 and was appointed the Commission Board Chair on 1 April 2024. Professor Kilpatrick brings to the Board her extensive clinical experience as a neurologist, as well as experience in academia and hospital administration, working in both the public and private sectors. She is an experienced leader noted for building strong clinical governance and a safety culture.

Professor Kilpatrick's previous roles include Chief Executive, Royal Melbourne Hospital; Chief Medical Officer, Royal Melbourne Hospital; and Chief Executive, Royal Children's Hospital. Professor Kilpatrick holds other board appointments: she sits on the Healthdirect Australia, Central Adelaide Local Health Network and Florey Institute boards. In 2019 Christine was appointed an Officer of the Order of Australia for service to medicine and to the promotion of quality in healthcare.

Qualifications: MBBS, MBA, MD, FRACP, FRACMA, FAICD, FAHMS, FCHSM (Hon), DMedSci (Hon)

Board membership: Appointed to Board on 17 July 2023; appointed as Acting Chair 1 January 2024 to 31 March 2024; appointed as Chair 1 April 2024 to 31 March 2029.

Professor Villis Marshall AC (Former Chair)

Professor Villis Marshall brings to the Board experience in providing healthcare services, managing public hospitals, and improving safety and quality. Professor Marshall has significant clinical experience as a urologist and as Clinical Director (Surgical Specialties Service) for the Royal Adelaide Hospital and Clinical Professor of Surgery at the University of Adelaide.

Professor Marshall was awarded a Companion of the Order of Australia in 2006 for services to medicine, especially urology and research into kidney disease, improved healthcare services in the Defence forces and distinguished contributions to developing pre-hospital first-aid care provided by St John Ambulance Australia.

His previous appointments include General Manager at Royal Adelaide Hospital, Senior Specialist in Urology and Director of Surgery at Repatriation General Hospital, and Professor and Chair of Surgical and Specialty Services at Flinders Medical Centre.

Qualifications: MD, MBBS, FRACS

Board membership: Appointed to Board on 1 April 2012; appointed as Chair on 1 April 2013; reappointed as Chair on 1 July 2017 and 8 April 2020; appointed as member 1 January 2024 to 31 March 2024.

Professor Jeffrey Braithwaite

Professor Braithwaite is a leading health services and systems researcher. His work on systems reform involves 152 countries and has been used by many international bodies, including the World Health Organization, the United Nations, the International Society for Quality in Health Care, the World Bank and the Organisation for Economic Co-operation and Development. He is Founding Director of the Australian Institute of Health Innovation and Director of the Centre for Healthcare Resilience and Implementation Science at Macquarie University.

Professor Braithwaite has five professorial appointments in the UK, Denmark and Norway and teaches in two programs for Harvard Medical School on patient safety and climate change. Professor Braithwaite shares his cutting-edge knowledge on safer, high-quality care, particularly in creating an innovative, improvement-led culture.

Qualifications: BA, DipLR, MBA, MIR (Hons), PhD, FIML, FCHSM, FFPHRCP (UK), FAcSS (UK), Hon FRACMA, FAAHMS

Board membership: Appointed to Board 1 April 2024 to 31 March 2027.

Dr David Filby PSM

Dr David Filby has worked extensively across the Australian healthcare landscape in several significant policy and executive roles. He has held senior national health policy roles and senior executive positions in Queensland and South Australia. In July 2016, he completed a term of six and a half years as Executive Consultant for SA Health and the Australian Health Ministers' Advisory Council.

Dr Filby was a board member of the National Health Performance Authority until June 2016 and a board member of the Australian Institute of Health and Welfare for 14 years. In August 2016, he finished a nine-year term, including six as Chair, with Helping Hand Aged Care. In 2008, he was awarded a Public Service Medal, and in 2007 was awarded the Sidney Sax Medal by the Australian Healthcare and Hospitals Association.

Previously, he sat on the board of South Australia's Child Health Research Institute Council.

Qualifications: PhD

Board membership: Appointed to the Board on 29 July 2016 (term concluded 31 March 2021); reappointed on 10 August 2021 to 31 March 2025.

Ms Christine Gee AM

Ms Christine Gee brings to the Board extensive experience in private hospital administration, having held executive management positions for more than 30 years. She is Chair of the Commission's Private Hospital Sector Committee. Ms Gee is the CEO of Toowong Private Hospital, an authorised mental health service in Queensland. She is involved in a number of state and national boards and committees, including as the National President of the Australian Private Hospitals Association and President of the Private Hospitals Association of Queensland.

Ms Gee is a community member of the Queensland Board of the Medical Board of Australia and is the Chair of the Medical Board of Australia's National Special Issues Committee (Sexual boundaries and family violence). She concluded her term as a board member of the Australian Institute of Health and Welfare in December 2023. Ms Gee was the 2021 recipient of the Gold Medal of the Australian Council on Healthcare Standards. She was appointed as a Member of the Order of Australia (General Division) on 12 June 2023.

Qualifications: MBA

Board membership: Appointed as a Commission member in March 2006; appointed to the Board on 1 July 2011; reappointed on 1 July 2018 to 31 March 2022; reappointed from 1 April 2022 to 31 March 2027.

Professor Tony Lawler (to March 2024)

Professor Anthony Lawler is Deputy Secretary of the Health Products Regulation Group of the Australian Department of Health and Aged Care. This Group comprises the Office of the Gene Technology Regulator, the Australian Industrial Chemicals Introduction Scheme, the Office of Drug Control, and the Therapeutic Goods Administration. Before joining the Department in June 2023, Anthony was the Chief Medical Officer and Deputy Secretary (Clinical Quality, Regulation and Accreditation) with the Tasmanian Department of Health. During the COVID-19 pandemic, Anthony was the Tasmanian Health Service Emergency Operations Commander.

Professor Lawler holds dual specialist qualifications in Emergency Medicine and Medical Administration. He is a past President of the Australasian College for Emergency Medicine. He has previously been a Medical Advisor to the Tasmanian Minister for Health, Deputy Head of the Tasmanian School of Medicine, and Tasmanian Branch President of the Australian Medical Association. Professor Lawler is a board member of the Royal Australasian College of Medical Administrators and a member of the Audit Committee of the National Health and Medical Research Council.

Qualifications: BMedSci, MBBS, FACEM, GAICD, MBA, FIFEM, FRACMA

Board membership: Appointed on 10 August 2021 to 31 March 2024.

The Hon. Peter McClellan AM KC

The Hon Peter McClellan was admitted to the New South Wales Bar in 1975 and appointed Queen's Counsel in 1985. He practised in many areas of the law, in particular environmental law. He was Counsel Assisting the Royal Commission into British Nuclear Tests in Australia ("Maralinga") and was an Assistant Commissioner of the New South Wales Independent Commission Against Corruption. He also appeared in and conducted a number of other government inquiries, including the Sydney Water Inquiry, which examined the safety of Sydney's water supply.

Mr McClellan was appointed a judge of the NSW Supreme Court in 2001. In 2003, he was appointed Chief Judge of the NSW Land and Environment Court. In 2005, he was appointed as the Chief Judge of the Common Law Division of the NSW Supreme Court. In that role, he was responsible for managing major criminal trials and appeals. He also had oversight of major civil cases, including medical negligence.

In 2013, he was appointed a Judge of Appeal. In his various judicial roles, Mr McClellan has been responsible for bringing many changes to court procedures. He was responsible for introducing the process that allows experts to give evidence concurrently. Mr McClellan was Chair of the Royal Commission into Institutional Responses to Child Sexual Abuse, which completed its work in December 2017. He is presently Chair of the NSW Sentencing Council.

Qualifications: BA, LLB

Board membership: Appointed to Board on 1 April 2023 to 30 June 2026.

Dr Hannah Seymour

Dr Hannah Seymour is a practising clinician in geriatrics at Fiona Stanley Hospital in Western Australia, where she looks after older people in partnership with orthopaedic surgeons. Dr Seymour has experience in using data to improve care and has been involved with the Australian and New Zealand Hip Fracture Registry since its formation. Her passion is improving outcomes and experience for frail older people in hospitals.

Dr Seymour has extensive experience in clinical leadership. She has held positions in the Western Australian Department of Health in falls prevention and aged care. She gained experience in transformation through the Four Hour Rule program at Royal Perth Hospital and led the clinical commissioning of Fiona Stanley Hospital, where she was a Medical Director until recently. Dr Seymour was the clinical nominee on the Sustainable Health Review and is currently the clinical lead of the Western Australian Electronic Medical Record Program.

Qualifications: BSc, MBBS (Hons), FRACP

Board membership: Appointed to Board on 1 April 2022 to 31 March 2025.

Dr Alicia Veasey

Dr Alicia Veasey, a Torres Strait Islander woman who grew up on the mainland, is a regional obstetrician and gynaecologist with a subspeciality fellowship in Paediatric and Adolescent Gynaecology. As inaugural Co-Chair of the Queensland Aboriginal and Torres Strait Islander Clinical Network, she provides leadership on systemic cultural safety and health system reform that centres Aboriginal and Torres Strait Islander people's right to self-determination and cultural safety.

Recognising the need for health system reform to address the racism and inequity in health care, Alicia has completed a Master of Public Health and a Master of Health Management. In 2023, Alicia was awarded a Fellowship with the prestigious Atlantic Fellows for Social Equity. Through the Fellowship, she completed a Master of (Indigenous) Social Change Leadership, where her mini-thesis explored mechanisms to embed Indigenous self-determination and sovereignty within clinical governance.

Before qualifying in medicine, Alicia was a paediatric registered nurse. She has previously served on the board of the Australian Indigenous Doctors' Association, was a delegate to the National Congress of Australia's First Peoples, and is currently on the Editorial Advisory Board for the *Australian Health Review*.

Qualifications: BNurs, MBBS, MPH, MHM, MSocChgLead, IFEPAG, FRANZCOG

Board membership: Appointed to Board on 1 April 2024 to 31 March 2029.

Adjunct Professor Kylie Ward

Professor Kylie Ward's story is grounded in service to others, a vision for a greater future, and a tenacity to get the job done. Professor Ward's strengths lie in breaking down walls, reframing issues for fresh thinking, and bringing people together to create long-lasting solutions.

Professor Ward previously served as CEO of the Australian College of Nursing (ACN). She led a program of transformation at the ACN, increasing revenue, tripling student numbers, raising awareness of the profession, and building a legacy of nursing leadership, policy, sponsorship and community. Professor Ward is inspired to increase the recognition of nurses and women in society by articulating and amplifying the professional voices of nurses and by ensuring they have a major seat at the table to develop health and social policy.

Professor Ward holds honorary academic appointments with five leading Australian universities.

Before joining the ACN, Professor Ward ran a consultancy specialising in transformation, executive coaching, leadership and change management.

Qualifications: RN, MMgt, FACN, FCHSM (Hon), Wharton Fellow, MAICD

Board membership: Appointed to Board on 31 March 2022 to 31 March 2027.

Ms Leanne Wells

Ms Wells is a health advocate and is the former longstanding Chief Executive Officer of the Consumers Health Forum of Australia. Her appointment will bring a health consumer–advocacy perspective to the Board, as well as extensive governance experience. Ms Wells has been a member of various advisory groups, including the Strengthening Medicare Taskforce, the Primary Health Care 10 Year Plan, the National Preventive Health Strategy 2021–30, the Leadership Group for the Australian Ethical Healthcare Alliance and the Patient Advisory Group for the Australian Commission on Safety and Quality in Health Care.

Qualifications: BA (Comms), Adv DipBus, MAICD, MAIML

Board membership: Appointed to Board on 1 April 2024 to 31 March 2028.

Dr Helena Williams

Dr Helena Williams brings to the Board expertise as a registered specialist general practitioner, with 35 years of experience in family practice, and more recently, refugee health. She is currently the Executive Medical Director, South Australia/East Coast, for the SilverChain Group, working in both health and aged care spaces.

Dr Williams's governance experience includes six years as the Presiding Member (Chair) of the Southern Adelaide Local Health Network Governing Council, and she is currently a Director, and Deputy Chair, for the Barossa Hills Fleurieu Local Health Network Board, for which she also chairs the Clinical Governance Committee.

Past directorships include the Southern Adelaide Health Service, the Cancer Council South Australia, Noarlunga Health Services, the South Australian Divisions of General Practice, and the Australian General Practice Network.

Qualifications: MBBS, FRACGP

Board membership: Appointed as a Commission member in April 2008; appointed to the Board on 1 July 2011 (term concluded 30 June 2018); reappointed on 1 April 2019 to 31 March 2024; reappointed on 1 April 2024 to 31 March 2026.

Board meetings and attendance

TABLE 2: ATTENDANCE AT BOARD MEETINGS

Name	6 September 2023	9 November 2023	26 March 2024
Professor Christine Kilpatrick AO (A/Chair on 26 March 2024)	✔	✔	✔
Professor Villis Marshall AC (Chair on 6 September)	✔	✔	–
Dr David Filby PSM	✔	✔	✔
Ms Christine Gee AM (A/Chair on 9 November 2023)	✔	✔	✔
Professor Anthony Lawler	✘	✔	✔
The Hon. Peter McClellan AM KC	✔	✔	✔
Dr Hannah Seymour	✔	✔	✔
Adjunct Professor Kylie Ward	✔	✔	✔
Dr Helena Williams	✘	✔	✔

✔ present ✘ absent – not applicable

Board developments and review

The Board underwent an assessment of its performance, led by the Australian Institute of Company Directors.

New Board members undertake formal induction to their role, including a meeting with the Chair and the CEO. They receive an induction manual containing the Board operating guidelines, which inform the conduct of the Board members and describe their responsibilities and duties under legislation.

Board members are encouraged to undertake ongoing professional development relevant to, and appropriate for, the Commission's needs. The Commission supports Board members to pursue these activities.

Ethical standards

The operating guidelines for the Commission's Board provide a Board Charter that outlines the function, duties and responsibilities of the Board, as well as a code of conduct that defines the standard of conduct required of Board members and the ethics and values they are bound to uphold. The Duty to Disclose Interests Policy for Board Members requires them to recognise, declare and take reasonable steps to avoid or appropriately manage any conflicts of interest. This includes the duty to disclose material personal interests as required under section 29 of the *Public Governance, Performance and Accountability Act 2013*.

Committees

The Audit and Risk Committee helps the Board discharge its responsibilities under the *National Health Reform Act 2011* and the *Public Governance, Performance and Accountability Act 2013* with respect to financial reporting, performance reporting, risk oversight and management, and internal control.

The Inter-Jurisdictional Committee, Private Hospital Sector Committee and Primary Care Committee meet regularly to provide advice to the Commission and the Board on the Commission's work, and safety and quality matters in the states and territories.

Additional sector, expert and topic specific committees and reference groups provide specialised advice on the Commission's programs and projects.

Audit and Risk Committee

The Board established the Audit and Risk Committee in compliance with section 45 of the *Public Governance, Performance and Accountability Act 2013* and section 17 of the Public Governance, Performance and Accountability Rule (PGPA Rule). The primary role of the Committee is to help the Board discharge its responsibilities with respect to financial reporting, performance reporting, risk oversight and management, internal control, and compliance with relevant laws and policies.

The Committee's responsibilities include:

- Reviewing the appropriateness of risk management frameworks, including identification and management of the Commission's business and financial risks (including fraud)
- Reviewing the system for monitoring the Commission's compliance with legislation, including the *Public Governance, Performance and Accountability Act 2013* and the PGPA Rule
- Monitoring preparation of the Commission's annual financial statements and recommending their acceptance by the Board
- Reviewing the appropriateness of the Commission's performance measures, and how these are assessed and reported
- Assessing whether relevant policies are in place to maintain an effective internal control framework, including for security arrangements and business continuity
- Reviewing the work undertaken by the Commission's outsourced internal auditors, including approving the internal audit plan, and reviewing all audit reports and issues identified in them.

The Audit and Risk Committee Charter is available online.

The Audit and Risk Committee met five times during 2023–24. Table 3 summarises members' attendance at committee meetings.

In accordance with the Public Governance, Performance and Accountability Rule, although members of the Commission's senior management attended meetings as advisors, they were not members of the Audit and Risk Committee, and the majority of members are not officials of any Commonwealth entity.

TABLE 3: AUDIT AND RISK COMMITTEE ATTENDANCE AND REMUNERATION, 2023–24

Committee member	Meeting attendance	Remuneration (excluding GST)
Jennifer Clark (Chair)	5/5	$40,425
Peter Achterstraat	5/5	$16,500
Lily Viertmann	5/5	Nil (Senior Official of Commonwealth entity not entitled to sitting fee)

Ms Jennifer Clark (Chair)

Ms Jennifer Clark is the Chair of the Committee. Ms Clark has an extensive background in business, finance and governance through a career as an Investment Banker and as a Non-Executive Director.

She has been the chair or member of more than 20 audit, risk and finance committees in the Australian Government and private sectors over the past 30 years. Ms Clark is a Fellow of the Australian Institute of Company Directors and has substantial experience in financial and performance reporting, audit and risk management.

Mr Peter Achterstraat AM, BCom, LLB, BEc (Hons)

Mr Peter Achterstraat is currently Commissioner of the New South Wales Productivity Commission. He was Auditor-General of New South Wales (2006–2013) and the New South Wales Chief Commissioner of State Revenue (1999–2006). He was President of the Australian Institute of Company Directors (NSW Division) from 2014 to 2020.

Mr Achterstraat is a fellow of Chartered Accountants Australia and New Zealand, as well as CPA Australia and the Governance Institute of Australia. He has more than 30 years of experience in finance and governance.

Ms Lily Viertmann

Ms Lily Viertmann is currently the Chief Audit Executive and General Manager of Corporate and Cross Government Services in Services Australia. Ms Viertmann has been in the Senior Executive Service for over 18 years and has worked in both the Commonwealth and the Queensland public sector in various roles, including membership of Audit Committees and Executive Boards.

Ms Viertmann is a Fellow of CPA Australia, a graduate of the Australian Institute of Company Directors, a finalist in the 2012 ACT Telstra Business Women's Awards and a recipient of the Institute of Chartered Accountant's Leadership in Government Awards for Outstanding Contribution in Public Administration 2018. She has over 20 years' experience in financial management, 13 of these as Chief Finance Officer. Ms Viertmann commenced as a member of the Audit and Risk Committee in April 2023.

Inter-Jurisdictional Committee

The Inter-Jurisdictional Committee is made up of senior safety and quality managers from the Australian Government and state and territory governments. It is responsible for advising the Commission on policy development and facilitating engagement with state, territory and Australian Government health departments. The role of the committee members is to:

- Advise the Commission on the adequacy of the policy development process, particularly policy implementation
- Ensure that health departments and ministries are aware of new policy directions and are able to review local systems accordingly
- Monitor national actions to improve patient safety, as approved by health ministers
- Help collect national data on safety and quality
- Build effective mechanisms in all jurisdictions to enable national public reporting.

Other committees and consultations

The Board has established two subcommittees that provide specific advice and support across all relevant areas of its work and are chaired by members of the Board. These are the:

- Private Hospital Sector Committee
- Primary Care Committee.

The Private Hospital Sector Committee is chaired by Ms Christine Gee, and the Primary Care Committee is chaired by Dr Helena Williams.

The Commission works closely with a number of other expert committees, working parties and reference groups, established for limited periods, to inform and support its work. These groups allow the Commission to draw on expert knowledge, consult with relevant key individuals and organisations, and develop appropriate implementation strategies.

The Commission consults widely with subject-matter experts, peak bodies, states and territories, consumers, and other relevant organisations and individuals. This includes ongoing discussions with key national and other organisations, and with an extensive network of formal reference and advisory groups. The Commission also undertakes formal consultation on specific issues.

Internal governance arrangements

The CEO manages the Commission's day-to-day administration and is supported by an executive management team and internal management committees. The Commission's internal governance arrangements include internal management, risk management, fraud control and internal audit.

Internal management

The Commission has two internal management groups and two committees.

The Leadership Group and the Business Group meet regularly to facilitate information sharing and help with decision-making.

The Workplace Consultative Committee facilitates regular consultation and employee participation in the development and review of human resources and operational policies and procedures. The Information and Records Management Steering Committee assesses the Commission's record keeping, promotes good record management practices across the Commission, and develops strategies to ensure that all records are digitised.

Risk management

Risk management is part of the Commission's strategy to promote accountability through good governance and robust business practices. The Commission is committed to embedding risk management principles and practices, consistent with the Australian Standard *Risk Management – Principles and Guidelines* (ISO 31000:2018) and the Commonwealth Risk Management Policy, into its:

- Organisational culture
- Governance and accountability arrangements
- Reporting, performance review, business transformation and improvement processes.

Through the risk management framework and its supporting processes, the Commission formally establishes and communicates its approach to ongoing risk management and guides employees in their actions and their ability to accept and manage risks.

Fraud control

The Commission recognises the responsibility of all Australian Government entities to develop and implement sound financial, legal and ethical decision-making. The Commission's *Fraud Control and Anti-Corruption Plan* complies with the Attorney-General's Commonwealth Fraud Control Policy. The plan minimises the potential for instances of fraud within the Commission's programs and activities by employees or people external to the Commission. Fraud risk assessments help the Commission understand fraud risks, identify internal control gaps or weaknesses, and develop strategies to mitigate the risks. These assessments are conducted regularly across the organisation, taking into consideration the Commission's business activities, processes and accounts. The Commission also delivers regular fraud awareness training to staff.

Internal audit

Internal audit is a key component of the Commission's governance framework, providing an independent, ongoing appraisal of the organisation's internal control systems. The internal audit process provides assurance that the Commission's financial and operational controls can manage the organisation's risks, and are operating in an efficient, effective and ethical manner.

The Commission has appointed Crowe Australasia as its internal auditor. The firm provides assurance of the overall state of the Commission's internal controls and advises on any systemic issues that require management's attention.

External scrutiny

Freedom of information

Agencies subject to the *Freedom of Information Act 1982* are required to publish information for the public as part of the Information Publication Scheme. In accordance with Part II of the Act, each agency must display on its website a plan showing what information it publishes in accordance with the requirements of the scheme. The Commission's plan and freedom of information disclosure log are available on its website.

See Table 9 in Appendix B for a summary of freedom of information activities for 2023–24.

Judicial decisions and reviews by external bodies

No judicial decisions or external reviews significantly affected the Commission in 2023–24.

There were no reports on the operations of the Commission by the Auditor-General (other than the reports on financial statements), a parliamentary committee, the Commonwealth Ombudsman or the Office of the Australian Information Commissioner in 2023–24.

Parliamentary and ministerial oversight

The Commission is a corporate Commonwealth entity of the Australian Government and part of the Health portfolio. As such, it is accountable to the Australian Parliament and the Australian Government Minister for Health and Aged Care.

Executive remuneration

Remuneration and other benefits for the CEO and Board members are set by the Remuneration Tribunal. Employees are covered by either the Commission's Enterprise Agreement 2019–2022 or other employment legislation (determinations). Any employee covered by the Enterprise Agreement may also have an individual flexibility agreement in operation.

TABLE 4: REMUNERATION PAID TO KEY MANAGEMENT PERSONNEL, 2023–24

Name	Position title	Short-term benefits			Post-employment benefits	Long-term benefits			
		Base salary ($)	Bonuses ($)	Other benefits and allowances ($)	Superannuation contributions ($)	Long service leave ($)	Other long-term benefits ($)	Termination benefits ($)	Total remuneration ($)
Anne Duggan	Chief Executive Officer	465,725	-	11,473	27,344	15,732	-	-	520,273
Chris Leahy	Chief Operating Officer	313,680	-	59,086	51,071	11,488	-	-	435,324
Villis Marshall	Board Chair to 31 December 2023. Board member from 1 January to 31 March 2024	46,956	-	4,792	5,165	-	-	-	56,913
Christine Gee	Board Member	27,267	-	-	2,999	-	-	-	30,266
David Filby	Board Member	27,267	-	-	2,999	-	-	-	30,266
Helena Williams	Board Member	27,267	-	-	2,999	-	-	-	30,266
Kylie Ward	Board Member	27,267	-	-	2,999	-	-	-	30,266
Christine Kilpatrick	Board Member from 17 July 2023. Board Chair from 1 January 2024 (including acting)	51,445	-	-	5,659	-	-	-	57,104

TABLE 4: REMUNERATION PAID TO KEY MANAGEMENT PERSONNEL, 2023–24 *CONTINUED*

Name	Position title	Short-term benefits			Post-employment benefits	Long-term benefits			
		Base salary ($)	Bonuses ($)	Other benefits and allowances ($)	Superannuation contributions ($)	Long service leave ($)	Other long-term benefits ($)	Termination benefits ($)	Total remuneration ($)
Peter McClellan	Board Member from 17 July 2023	26,067	-	-	2,867	-	-	-	28,934
Leanne Wells	Board Member from 1 April 2024	5,998	-	-	660	-	-	-	6,658
Alicia Veasey	Board Member from 1 April 2024	5,998	-	-	660	-	-	-	6,658
Jeffrey Braithwaite	Board Member from 1 April 2024	5,998	-	-	660	-	-	-	6,658
Anthony Lawler	Board Member to 31 March 2024	-	-	-	-	-	-	-	-
Hannah Seymour	Board Member	-	-	-	-	-	-	-	-
Total		**1,030,934**	**-**	**75,351**	**106,083**	**27,220**	**-**	**-**	**1,239,587**

TABLE 5: REMUNERATION PAID TO EXECUTIVE STAFF, 2023–24

Remuneration band ($)	Number of SES staff	Short-term benefits			Post-employment benefits	Long-term benefits		Termination Benefits	Total Remuneration
		Average base salary ($)	Average bonuses ($)	Average other benefits and allowances ($)	Average superannuation contributions ($)	Average long service leave ($)	Average other long-term benefits ($)	Average termination benefits ($)	Average total remuneration ($)
0–220,000	1	164,477	-	4,332	27,806	9,779	-	-	206,394
220,001–245,000	0	-	-	-	-	-	-	-	-
245,001–270,000	1	222,759	-	-	33,301	7,938	-	-	263,998

Notes:

1. Any employee who held a substantive senior executive or equivalent position during 2023–24 is represented as one. This excludes those executives who have been disclosed in Table 4.
2. Excludes bond rate impact on long service leave.

3. No termination payments were made to senior executives or equivalent employees during 2023–24.

TABLE 6: REMUNERATION PAID TO OTHER HIGHLY PAID STAFF, 2023–24

Remuneration band ($)	Number of highly paid staff	Short-term benefits			Post-employment benefits	Long-term benefits		Termination Benefits	Total Remuneration
		Average base salary ($)	Average bonuses ($)	Average other benefits and allowances ($)	Average superannuation contributions ($)	Average long service leave ($)	Average other long-term benefits ($)	Average termination benefits ($)	Average total remuneration ($)
250,001–270,000	4	217,744	-	2,868	35,036	8,201	-	-	263,849
270,001–295,000	2	217,347	-	19,193	36,802	8,849	-	-	282,191
295,001–320,000	-	-	-	-	-	-	-	-	-
320,001–345,000	2	266,253	-	5,736	52,392	9,431	-	-	333,813
345,001–370,000	-	-	-	-	-	-	-	-	-
370,001–395,000	1	304,811	-	26,914	51,071	9,653	-	-	392,448
395,001–420,000	-	-	-	-	-	-	-	-	-

Notes:

1. Excludes bond rate impact on long service leave.
2. No termination payments were paid to employees who terminated during 2023–24.

Developments and significant events

The Commission is required under section 19(1) of the *Public Governance, Performance and Accountability Act 2013* to keep the Minister for Health and Aged Care and the Minister for Finance informed of any significant decisions or issues that have affected, or may affect, its operations. In 2023–24, there were no such decisions or issues.

Environmental performance and ecologically sustainable development

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires Australian Government organisations and authorities to include information in their annual reports about their environmental performance and their contribution to ecologically sustainable development. The Commission is committed to making a positive contribution to ecological sustainability. The Commission's ecologically sustainable activities are detailed in Appendix C.

Advertising and market research

Section 331A of the *Commonwealth Electoral Act 1918* requires Australian Government departments and agencies to include particulars in their annual reports of amounts over $13,200 that were paid to advertising agencies, market research organisations, polling organisations, direct mail organisations or media advertising organisations. In 2023–24, the Commission did not make any payments over $13,200 to these types of organisations.

National Health Reform Act 2011 amendments

No amendments to the *National Health Reform Act 2011* were made during 2023–24.

Government policy orders

No new government policy orders applicable to the Commission were issued in 2023–24.

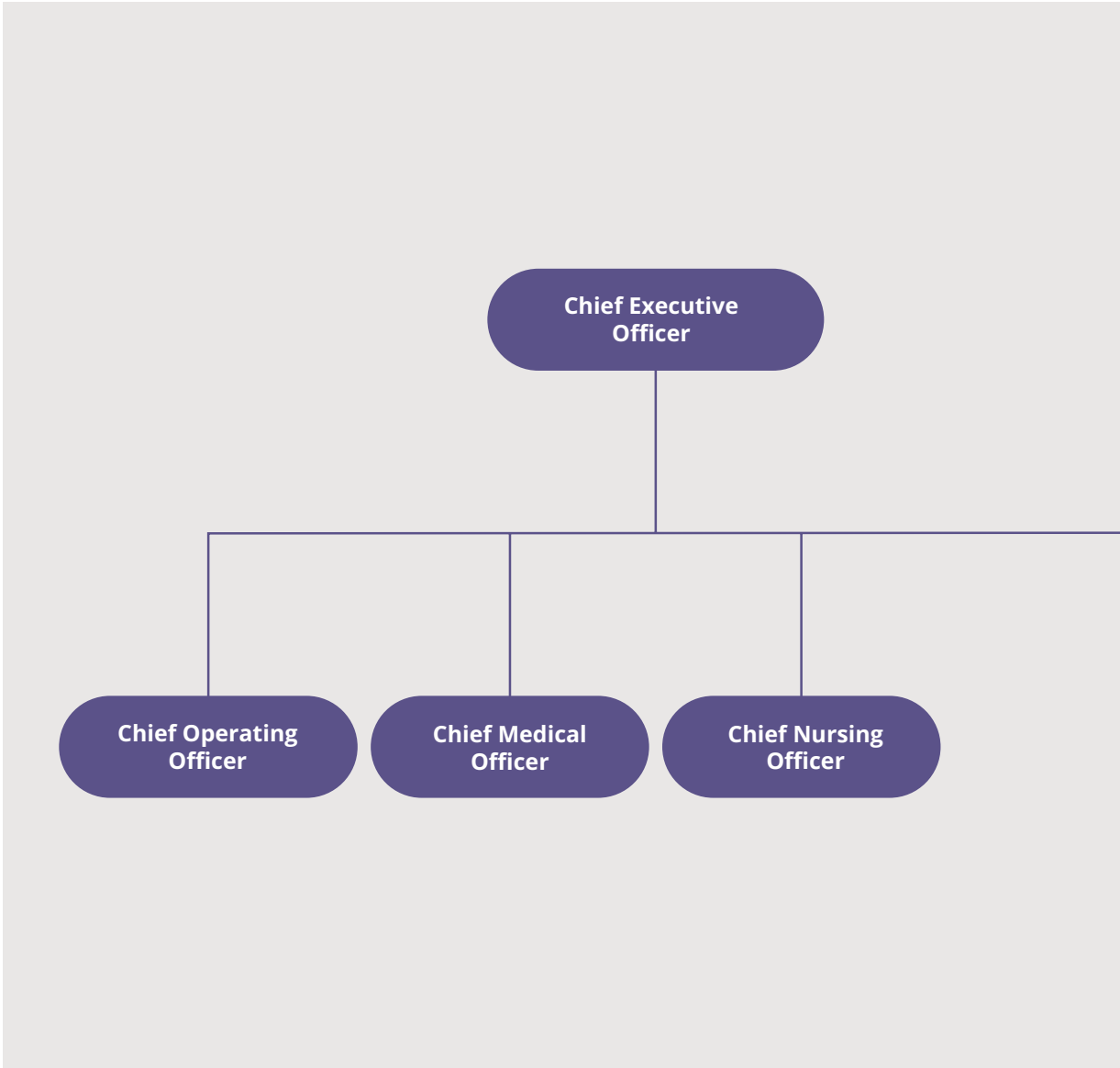
4. Our organisation

The Commission employs a diverse range of highly skilled professionals with experience across the healthcare industry. Because of the nature of its work, the Commission has a strong national presence in safety and quality in both the public and private sectors.

The Commission is committed to managing and developing its staff members to achieve the objectives and outcomes in its work plan.

Organisational structure

Figure 2: Organisational structure




Principal Advisor, Clinical Governance
Executive Director, Strategy and Innovation
Executive Director, Intergovernmental Relations

People management

The continuing commitment, flexibility and resilience of Commission staff, especially since the emergence of the COVID-19 pandemic, has allowed the Commission to continue to lead national efforts to improve the health care that Australians receive.

The Commission continues to deliver high performance by providing ongoing support through its performance management systems and embedding a strong sense of direction across the organisation.

The Commission's performance development scheme places emphasis on employees and managers having regular, meaningful performance discussions. All employees are required to have an individual performance and development plan in place. Managers and employees have joint accountability for capability and career development.

The Commission participates in the online induction program offered by the Australian Public Service Commission, giving new employees the opportunity to learn how the Australian Public Service operates and the behaviours expected of all staff members.

In May 2024, the Commission encouraged all staff members to participate in the Australian Public Service Commission's employee census survey.

Staff profile

As of 30 June 2024, the Commission's headcount was 132 employees. Most employees are located in Sydney. Table 7 provides a breakdown of the Commission's employee profile by classification, gender, full-time or part-time status, and ongoing or non-ongoing status.

TABLE 7: EMPLOYEE HEADCOUNT PROFILE AS OF 30 JUNE 2024

Classification	Female				Male				Non-Binary				Total
	Non-ongoing		Ongoing		Non-ongoing		Ongoing		Non-ongoing		Ongoing		
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	
CEO	1	0	0	0	0	0	0	0	0	0	0	0	**1**
MO6	0	0	1	1	0	0	0	0	0	0	0	0	**2**
EL2	1	1	21	4	1	0	11	0	0	0	0	0	**39**
EL1	9	0	28	8	4	0	10	0	0	0	0	0	**59**
APS6	8	0	11	1	1	0	5	1	0	0	0	0	**27**
APS5	0	0	1	0	0	0	1	0	0	0	0	0	**2**
APS4	0	0	0	1	0	0	0	0	0	0	0	0	**1**
APS3	0	0	0	0	0	0	1	0	0	0	0	0	**1**
Total	**19**	**1**	**62**	**15**	**6**	**0**	**28**	**1**	**0**	**0**	**0**	**0**	**132**

TABLE 7: EMPLOYEE HEADCOUNT PROFILE AS OF 30 JUNE 2024 *CONTINUED*

State or territory	Female						Total
	Non-ongoing			Ongoing			
	Full time	Part time	Total	Full time	Part time	Total	
NSW	19	1	20	62	14	76	**96**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	1	1	**1**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**19**	**1**	**20**	**62**	**15**	**77**	**97**

TABLE 7: EMPLOYEE HEADCOUNT PROFILE AS OF 30 JUNE 2024 *CONTINUED*

State or territory	Male						Total
	Non-ongoing			Ongoing			
	Full time	Part time	Total	Full time	Part time	Total	
NSW	6	0	6	28	1	29	**35**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	0	0	**0**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**6**	**0**	**6**	**28**	**1**	**29**	**35**

TABLE 7: EMPLOYEE HEADCOUNT PROFILE AS OF 30 JUNE 2024 *CONTINUED*

State or territory	Non-binary						Total
	Non-ongoing			Ongoing			
	Full time	Part time	Total	Full time	Part time	Total	
NSW	0	0	0	0	0	0	**0**
Qld	0	0	0	0	0	0	**0**
SA	0	0	0	0	0	0	**0**
Tas	0	0	0	0	0	0	**0**
Vic	0	0	0	0	0	0	**0**
WA	0	0	0	0	0	0	**0**
ACT	0	0	0	0	0	0	**0**
External territories	0	0	0	0	0	0	**0**
Overseas	0	0	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Work health and safety

The Commission promotes a healthy and safe workplace, and is committed to meeting its obligations under the *Work Health and Safety Act 2011* and the *Safety, Rehabilitation and Compensation Act 1988*. All new staff are required to complete online work health and safety training as part of their induction.

Highlights

The Commission undertook a number of activities during 2023–24 to encourage employees to adopt healthy work practices (see 'Highlights').

- Ergonomic workstation assessments were conducted for all new staff and as required; access was provided to standing desks.
- Biannual workplace inspections were conducted; all staff members were encouraged to report incidents and hazards in the workplace.
- Access was provided to an Employee Assistance Program (EAP).
- Regular online webinar sessions on wellbeing were conducted by the Commission's EAP provider for all staff, including for R U OK? Day.
- The *Compassionate Foundations* training suite, developed by the APS Mental Health and Suicide Prevention Unit, was rolled out to staff.
- Influenza vaccinations were made available to all staff.
- Flexibility to obtain COVID-19 vaccinations during work hours.
- Access was provided to reimbursement of eyewear costs for use with screen-based equipment.

One work health and safety incident was reported in 2023–24. There were no notifiable incidents in 2023–24. No notices were issued to the Commission, and no investigations were initiated under the *Work Health and Safety Act 2011*.

Learning and development

The Commission values the talents and contributions of its staff members, and recognises the importance of building expertise and capability within the organisation.

Learning and development needs and opportunities are primarily identified through the performance development scheme. The Commission promotes learning and development by delivering regular continuing professional development sessions and by providing all staff members with access to online learning platforms.

During 2023–24, the Commission's study support and training arrangements ensured the ongoing development of staff members' skills and capabilities. Fifteen staff accessed study support assistance to study a range of tertiary courses. These included Master of Public Health, Master of Data Science Strategy and Leadership and Master of Business Administration. Thirty-one staff completed external training courses. In addition to mandatory training such as privacy, security and fraud awareness, internal training was provided to staff on appropriate workplace behaviour, neurodiversity awareness, and plain English writing.

Workplace diversity

The Commission's Workplace Diversity Program supports its ongoing commitment to creating a diverse and inclusive workplace that strongly values the skills, expertise and perspectives of all people.

The Commission's Workplace Diversity Program aims to increase workplace representation of under-represented groups, retain and support emerging talent, and educate staff to facilitate an inclusive work environment.

During 2023–24, program initiatives continued to be implemented to broaden diversity in the workplace and support a wide range of diversity dimensions. The Commission renewed its membership with ACON Pride in Health + Wellbeing and the Diversity Council Australia. Further, all Commission staff complete the Australian Institute of Aboriginal and Torres Strait Islander Studies online Core Cultural Learning: Aboriginal and Torres Strait Islander Australia (CORE) Foundation Course.

Commission staff have access to the Department of Health and Aged Care's staff diversity networks, which provide networking opportunities, information, and valuable workplace and peer support, including:

- Culturally and Linguistically Diverse Network
- Disability and Carers Network
- Gender Equality Network
- Health Pride (LGBTQIA+) Network
- National Aboriginal and Torres Strait Islander Network, including Friends of the National Aboriginal and Torres Strait Islander Network.

First Nations employment

The proportion of the Commission's workforce who identified as being of First Nation origin during 2023–24 was 1.59%.

The Commission is committed to improving the recruitment, retention and career development of First Nation employees. The Commission undertook a number of recruitment processes to fill Affirmative Measure – Indigenous positions during 2023–24 and was successful in filling one of these positions.

5. Financial statements

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Australian Commission on Safety and Quality in Health Care (the Entity) for the year ended 30 June 2024:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2024 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2024 and for the year then ended:

- Statement by the Directors, Chief Executive and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement; and
- Overview and Notes to the Financial Statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Board is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Board is also responsible for such internal control as the Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

Michael Bryant

Senior Director

Delegate of the Auditor-General

Canberra

5 September 2024

Financial statements

Australian Commission on Safety and Quality in Health Care

Statement by the Directors, Chief Executive and Chief Financial Officer

In our opinion, the attached financial statements for the year ended 30 June 2024 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Commission on Safety and Quality in Health Care will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the directors.

……..

Professor Christine Kilpatrick AO
Chair

Date: 4 September 2024

……

Conjoint Professor Anne Duggan
Chief Executive Officer

Date: 4 September 2024

……

Chris Leahy
Chief Operating Officer /
Chief Financial Officer
Date: 4 September 2024

Statement of Comprehensive Income

for the period ended 30 June 2024

	Notes	2024 $'000	2023 $'000	Original Budget $'000	
NET COST OF SERVICES					
Expenses					
Employee benefits	1.1A	**19,833**	14,800	18,446	[1a]
Suppliers	1.1B	**17,235**	16,078	14,835	[1b]
Depreciation and amortisation	2.2A	**1,753**	1,661	1,573	[1d,e]
Finance costs		**60**	62	37	[1d,e]
Total expenses		**38,881**	32,601	34,891	
Own-source income					
Revenue from contracts with customers	1.2A	**17,070**	10,821	12,505	[1b]
Commonwealth Government contributions	1.2A	**12,670**	12,405	12,681	
State and Territory Government contributions	1.2A	**9,108**	8,843	9,108	
Interest		**1,196**	710	550	[1c]
Total own-source income		**40,044**	32,779	34,844	
Net (cost of) / contribution by services		**1,163**	178	(47)	[1e]
Operating surplus (deficit)		**1,163**	178	(47)	[1e]
Total comprehensive income		**1,163**	178	(47)	[1e]

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

Statement of Financial Position

as at 30 June 2024

	Notes	2024 $'000	2023 $'000	Original Budget $'000	
ASSETS					
Financial Assets					
Cash		**22,097**	21,662	10,575	1b
Trade and other receivables	2.1A	**2,246**	2,756	1,451	1b,g
Total financial assets		**24,343**	24,418	12,026	
Non-Financial Assets					
Property, plant and equipment[2]	2.2A	**4,168**	5,872	3,561	1d
Prepayments		**303**	325	48	1g
Total non-financial assets		**4,471**	6,197	3,609	
Total assets		**28,814**	30,615	15,635	
LIABILITIES					
Payables					
Trade creditors and accruals	2.3A	**1,624**	1,785	2,436	1b,g
Unearned income	2.3A	**11,342**	13,249	-	1b
Other payables	2.3B	**547**	404	288	1g
Total payables		**13,513**	15,438	2,724	
Interest bearing liabilities					
Leases	2.4A	**4,310**	5,839	3,713	1d
Total interest bearing liabilities		**4,310**	5,839	3,713	
Provisions					
Employee provisions	4.1	**3,960**	3,470	3,654	
Other provisions		**-**	-	34	
Total provisions		**3,960**	3,470	3,688	
Total liabilities		**21,783**	24,747	10,125	
Net assets		**7,031**	5,868	5,510	
EQUITY					
Contributed equity		**1,836**	1,836	1,836	
Reserves		**298**	298	298	
Retained surplus		**4,897**	3,734	3,376	1e
Total equity		**7,031**	5,868	5,510	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

[2] Right of use assets are included in the line item, Property, plant and equipment.

Statement of Changes in Equity

for the period ended 30 June 2024

	2024	2023	Original Budget	
	$'000	$'000	$'000	
CONTRIBUTED EQUITY				
Opening balance	**1,836**	**1,836**	1,836	
Closing balance attributable to the Australian Government as at 30 June	**1,836**	**1,836**	1,836	
RETAINED EARNINGS				
Opening balance	**3,734**	**3,556**	3,423	
Comprehensive income				
Surplus (deficit) for the period	**1,163**	**178**	(47)	1e
Total comprehensive income	**1,163**	**178**	(47)	
Closing balance attributable to the Australian Government as at 30 June	**4,897**	**3,734**	3,376	
ASSET REVALUATION RESERVE				
Opening balance	**298**	**298**	298	
Closing balance attributable to the Australian Government as at 30 June	**298**	**298**	298	
TOTAL EQUITY				
Opening balance	**5,868**	**5,690**	5,557	
Comprehensive income				
Surplus (deficit) for the period	**1,163**	**178**	(47)	1e
Total comprehensive income	**1,163**	**178**	(47)	
Closing balance attributable to the Australian Government as at 30 June	**7,031**	**5,868**	5,510	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

Cash Flow Statement

for the period ended 30 June 2024

	2024 $'000	2023 $'000	Original Budget $'000	
OPERATING ACTIVITIES				
Cash received				
Receipts from Federal Government	**12,670**	12,405	12,681	
State and Territory contributions	**9,108**	8,843	9,108	
Rendering of services	**15,610**	14,541	10,956	1b
Interest	**1,181**	646	550	1c
GST received	**1,595**	1,320	752	1f
Total cash received	**40,164**	37,755	34,047	
Cash used				
Employees	**(19,216)**	(14,698)	(18,361)	
Suppliers	**(17,358)**	(16,934)	(15,876)	1b
Interest payments on lease liabilities	**(60)**	(62)	(37)	1d,e
GST paid	**(1,517)**	(1,481)	-	1f
Total cash used	**(38,151)**	(33,175)	(34,274)	
Net cash from (used by) operating activities	**2,013**	4,580	(227)	
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment	**(49)**	(105)	(100)	
Total cash used	**(49)**	(105)	(100)	
Net cash used by investing activities	**(49)**	(105)	(100)	
FINANCING ACTIVITIES				
Cash used				
Principal repayments of lease liability	**(1,529)**	(1,345)	(1,331)	1d,e
Total cash used	**(1,529)**	(1,345)	(1,331)	
Net cash used by financing activities	**(1,529)**	(1,345)	(1,331)	
Net increase (decrease) in cash held	**435**	3,130	(1,658)	
Cash and cash equivalents at the beginning of the reporting period	**21,662**	18,532	12,233	
Cash at the end of the reporting period	**22,097**	21,662	10,575	

The above statement should be read in conjunction with the accompanying notes.

[1] Explanations for major variances to budget are made in note 6.2, with the letter denoting the relevant explanation for the variance in the note.

Table of Contents – Overview and Notes to the Financial Statements

Overview

Basis of Preparation of the Financial Statements

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR); and

b) Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars rounded to the nearest thousand dollars unless otherwise specified.

Taxation

The Commission is exempt from all forms of taxation, except for Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events after the reporting period

No events after the reporting period were identified that impact the financial statements.

1 Financial Performance

1.1 Expenses

1.1A: Employee Benefits

	2024 $'000	2023 $'000
Wages and salaries	**14,380**	10,741
Superannuation:		
Defined contribution plans	**2,310**	1,662
Defined benefit plans	**243**	228
Leave and other entitlements	**2,796**	2,089
Separation and redundancies	**4**	-
Other employee benefits	**100**	80
Total employee benefits	**19,833**	14,800

Accounting Policy
Accounting policies for employee related expenses are contained in Section 4 People and Relationships of the notes to the financial statements.

1.1B: Suppliers

Goods and services		
Contracts for services	**9,287**	9,898
Staff travel	**178**	264
Committee expenses	**636**	625
Information and communication	**5,209**	3,793
Printing, publishing and postage	**656**	470
Property outgoings	**238**	253
Audit fees (paid)	**55**	58
Other	**829**	615
Total goods and services	**17,088**	15,976
Goods and services are made up of:		
Goods supplied	**667**	482
Services rendered	**16,421**	15,494
Total goods and services	**17,088**	15,976
Other supplier expenses		
Workers compensation expenses	**147**	102
Total other supplier expenses	**147**	102
Total supplier expenses	**17,235**	16,078

1.2 Own-Source Revenue and Gains

OWN-SOURCE REVENUE

1.2A: Revenue from contracts with customers

	2024	2023
	$'000	$'000
Rendering of services	**17,070**	10,821
Commonwealth Government contributions	**12,670**	12,405
State and Territory Government contributions	**9,108**	8,843
Total rendering of services	**38,848**	32,069

Disaggregation of revenue from contracts with customers

Service line		
Work Plan – Health Chief Executives Forum (HCEF) Multi Party Funding Agreement	**18,216**	17,686
Other funded projects	**17,070**	10,821
Smaller government measures	**3,562**	3,562
	38,848	32,069
Customer type		
Commonwealth Department of Health and Aged Care – Work Plan and other government measures	**12,670**	12,405
State and Territory Governments	**9,108**	8,843
Other funded projects – Commonwealth Government entities	**17,070**	10,821
	38,848	32,069
Timing of transfer of services		
Annually based on agreed plan	**21,778**	21,248
Over time aligned with project costs incurred	**17,070**	10,821
	38,848	32,069

Accounting Policy

Revenue from the rendering of services is recognised when control has been transferred to the buyer. The Commission reviews all contracts with customers to assess performance obligations are enforceable and sufficiently specific to determine when they have been satisfied. Revenue from contracts meeting these requirements are recognised using AASB 15.

The following is a description of principal activities from which the Commission generates its revenue:

Workplan

Workplan funding is received based on the inter-jurisdictional funding agreement between all Australian States and Territories and the Commonwealth government under the Health Chief Executives Forum (HCEF) Multi Party Funding Agreement for the provision of the agreed annual workplan of activities. The completion of the annual Workplan activities represents the timing of revenue recognition.

Other funded projects:

Other funded projects is funding received from other entities for the Commission to perform specific projects relating to safety and quality in health care. Project costs, as an input measure, toward completion of projects are used to measure the timing and amount of revenues recognised.

Smaller government measures

The Corporate Commonwealth entity payment item – Smaller government measures, received from the Department of Health and Aged Care is provided to deliver specific functions of the former National Health Performance Authority (NHPA) that were transferred to the Commission. Revenue is recognised on the annual performance of these functions.

The transaction price is the total amount of consideration to which the Commission expects to be entitled in exchange for transferring promised services to a customer. The consideration promised in a contract with a customer may include fixed amounts, variable amounts, or both.

Funding received in advance of the satisfactory completion of performance obligations is recognised as unearned revenue liability on the balance sheet.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

1.2B: Unsatisfied obligations

The Commission expects to recognise as income any liability for unsatisfied obligations associated with revenue from contracts with customers within the following periods:

	$'000
Within 1 year	10,900
One to three years	442
Total unsatisfied obligations	**11,342**

The liability for unsatisfied obligations is represented on the Statement of Financial Position as 'Unearned Income' and is disclosed in Note 2.3A.

2 Financial Position

2.1 Financial Assets

	2024 $'000	2023 $'000
2.1A: Trade and Other Receivables		
Good and services receivables:		
Goods and services	**1,801**	2,217
Total goods and services receivable	**1,801**	2,217
Other receivables:		
Receivable from the Australian Taxation Office	**356**	465
Interest	**89**	74
Total other receivables	**445**	539
Total trade and other receivables (gross)	**2,246**	2,756
Total trade and other receivables (net)	**2,246**	2,756

No receivables were impaired at 30 June 2024 (2023: Nil).

Accounting Policy
Financial Assets
Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows, where the cash flows are solely payments of principal, that are not provided at below-market interest rates, are measured at amortised cost using the effective interest method adjusted for any loss allowance.

2.2 Non-Financial Assets

2.2A: Reconciliation of the opening and closing balances of property, plant and equipment

	Property, plant and equipment $'000	Intangible assets $'000	Total $'000
As at 1 July 2023			
Gross book value	8,327	706	9,033
Accumulated amortisation, depreciation and impairment	(2,559)	(602)	(3,161)
Total as at 1 July 2023	**5,768**	**104**	**5,872**
Additions:			
By purchase	49	-	49
Depreciation and amortisation expense	(57)	(99)	(156)
Depreciation on right-of-use assets	(1,597)	-	(1,597)
Total as at 30 June 2024	**4,163**	**5**	**4,168**
Gross book value	8,376	706	9,082
Accumulated amortisation, depreciation and impairment	(4,213)	(701)	(4,914)
Total as at 30 June 2024	**4,163**	**5**	**4,168**
Carrying amount of right of use assets	4,011	-	4,011

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases of leasehold improvements costing less than $50,000, intangible assets costing less than $75,000, and for all other purchased of property, plant and equipment costing less than $4,500, which are expensed in the year of acquisition.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

Accounting Policy continued
Following initial application, an impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations
Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value. Valuations are conducted to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations will depend upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation
Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

Asset Class	2024	2023
Leasehold improvements	Lease term	Lease term
Plant and equipment	5 years	5 years
Property – right-of-use	Lease term	Lease term

Impairment
All assets were assessed for impairment at 30 June 2024. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. There were no indicators of impairment at 30 June 2024.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement costs.

Accounting Policy continued

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

The Commission's intangibles comprise internally developed software for operational use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the entity's software is 5 years (2023: 5 years).

All software assets were assessed for indications of impairment as at 30 June 2024. There were no indications of impairment as at 30 June 2024.

2.3: Payables

2.3A: Suppliers

	2024	2023
	$'000	$'000
Trade creditors and accruals	**1,624**	1,785
Unearned income - contract liabilities	**11,342**	13,249
Total suppliers	**12,966**	15,034

Settlement of trade creditors and accruals is usually made within 30 days.

Unearned income contract liabilities are associated with other funded projects contracted with Commonwealth government agencies that provide funds in advance of project work being completed by the Commission. Revenue for these projects is recognised as costs are incurred.

2.3B: Other Payables

Salaries and wages	**437**	328
Superannuation	**74**	56
Other	**36**	20
Total other payables	**547**	404

2.4: Interest bearing liabilities

2.4A: Leases

	2024	2023
	$'000	$'000
Lease liabilities	**4,310**	5,839
Total lease liabilities	**4,310**	5,839

Total cash outflow for leases for the year ended 30 June 2024 was $1,588,705 (2023: $1,534,472).

Maturity analysis – contractual undiscounted cash flows		
Within 1 year	**1,678**	1,589
Between 1 to 5 years	**2,695**	4,376
Total leases	**4,373**	5,965

The Commission has a lease of Level 5 and part of Level 6 of 255 Elizabeth Street that is due to expire 31 December 2026; and a lease of a suite within 287 Elizabeth Street that is due to expire 20 January 2027.

The above lease disclosures should be read in conjunction with the accompanying note 2.2.

Accounting Policy

For all new contracts entered into, the Commission considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

3 Funding

3.1 Net cash arrangements

	2024	2023
	$'000	$'000
Total comprehensive income less depreciation/amortisation expenses	**1,095**	36
Plus: depreciation right-of-use assets	**1,597**	1,487
Less: principal repayments - leased assets	**(1,529)**	(1,345)
Total comprehensive income - as per the Statement of Comprehensive Income	**1,163**	178

The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the cash impact on implementation of AASB 16 Leases.

4 People and Relationships

	2024	2023
	$'000	$'000

4.1 Employee Provisions

Leave	**3,960**	3,470
Total employee provisions	**3,960**	3,470

Accounting Policy
Liabilities for 'short-term employee benefits' and termination benefits expected within twelve months of the end of the reporting period are measured at their nominal amounts.

Leave
The liability for employee benefits includes provision for annual leave and long service leave.
The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been determined by the Department of Finance shorthand method as described under the FRR. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation
The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap) or other superannuation funds held outside the Australian Government.
The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance's administered schedules and notes.

The Commission makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The Commission accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions.

4.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly, including any director (whether executive or otherwise) of the Commission. The Commission has determined the key management personnel to be the Chief Executive, Chief Operating Officer and 12 Directors. Key management personnel remuneration is reported in the table below:

	2024	2023
	$'000	$'000
Short-term employee benefits	**1,106**	1,035
Post-employment benefits	**106**	98
Other long-term benefits	**27**	25
Termination benefits	-	-
Total key management personnel remuneration expenses[1]	**1,239**	1,158

The total number of key management personnel that are included in the above table are 14 (2022-23: 14). This includes those fulfilling the roles of the CEO and COO during the year and 12 Directors. Two directors waived their right or were not eligible to receive remuneration during 2023-2024 for all or part of the year (2022-23: 2).

[1]The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

4.3 Related Party Disclosures

Related party relationships

The Commission is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel including the Portfolio Minister and Executive.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. These transactions have not been separately disclosed in this note.

Several directors of the Commission hold directorships with other organisations. All transactions between the Commission and organisations with a director common to the Commission, or any dealings between the Commission and directors individually, are conducted using commercial and arms-length principles.

The following transactions with related parties occurred during the financial year:

- Dr Helena Williams received payment as co-chair of a commission committee during 2023-24 and has previously provided project support and expert advice. Fees paid by the Commission for these services were $1,524 (2023: $928).

5 Managing Uncertainties

5.1 Contingent Assets and Liabilities

As at 30 June 2024, the Commission had no quantifiable, unquantifiable or significant remote contingencies (2023: nil).

5.2 Financial Instruments

5.2A: Categories of financial instruments

	2024	2023
	$'000	$'000
Financial assets at amortised cost		
Cash on hand and at bank	**22,097**	21,662
Trade and other receivables	**1,890**	2,291
Total financial assets	**23,987**	23,953
Financial liabilities		
Financial liabilities measured at amortised cost:		
Trade creditors and accruals	**1,624**	1,785
Total financial liabilities	**1,624**	1,785

5.2B: Net gains or losses on financial instruments

	2024	2023
	$'000	$'000
Financial assets at amortised cost		
Interest revenue	**1,196**	710
Net gain from financial assets at amortised cost	**1,196**	710

The Commission holds only cash and receivables as financial assets and trade creditors and accruals as financial liabilities.

Accounting Policy

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:
1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets recognised at amortised cost.

Financial Liabilities at Amortised Cost

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

6 Other information

6.1: Aggregate Assets and Liabilities

	2024	2023
	$'000	$'000
Assets expected to be recovered in:		
No more than 12 months		
Cash	**22,097**	21,662
Trade and other receivables	**2,246**	2,756
Prepayments	**303**	325
Property, plant and equipment	**1,659**	1,771
Total no more than 12 months	**26,305**	26,514
More than 12 months		
Property, plant and equipment	**2,509**	4,101
Total more than 12 months	**2,509**	4,101
Total assets	**28,814**	30,615
Liabilities expected to be settled in		
No more than 12 months		
Trade creditors and accruals	**1,624**	1,785
Unearned income	**10,900**	10,649
Other payables	**547**	404
Leases	**1,636**	1,528
Employee provisions	**1,082**	931
Total no more than 12 months	**15,789**	15,297
More than 12 months		
Unearned income	**442**	2,600
Leases	**2,674**	4,311
Employee provisions	**2,878**	2,539
Total more than 12 months	**5,994**	9,450
Total liabilities	**21,783**	24,747

6.2: Budget Variances

The comparison of the unaudited original budget as presented in the 2023-24 Portfolio Budget Statements (PBS) to the 2023-24 final outcome in accordance with Australian Accounting Standards is included in the Statement of comprehensive income, the Statement of financial position, Statement of changes in equity and Cash flow statement. Explanations of major variances greater than 3% of total expenses ($1,166,000) or 10% (if material in value or nature) are provided in the table below.

Major Variances

	Line items impacted	Major variance explanations
a	**Statement of Comprehensive Income** Employee benefits.	The Average Staffing Level (ASL) used in the budget was less than the actual ASL for 2023-24 due to increased project activity undertaken that was not forecasted in the budget.
b	**Statement of Comprehensive Income** Suppliers, Revenue from contracts with customers. **Statement of Financial Position** Cash, Trade and other receivables, Trade creditors and accruals, Other payables, Unearned income. **Cash Flow Statement** Rendering of services, Suppliers.	The budget was prepared based on executed contracts for projects in April 2023. However, during the 2023-24 financial year additional projects were contracted and extensions to project end dates were approved, leading to higher expenditure and associated revenue. Variance in unearned income relates to projects that are carried forward into future years that the budget did not forecast.
c	**Statement of Comprehensive Income** Interest. **Cash Flow Statement** Interest.	Interest rates received and the value of deposits were higher than the forecast when the budget was prepared.
d	**Statement of Comprehensive Income** Depreciation and amortisation, Finance cost. **Statement of Financial Position** Property, plant and equipment, Leases. **Cash Flow Statement** Interest payments on lease liabilities, Principal repayments of lease liability.	The budget was prepared based on estimates of the accounting impacts of the new lease at 287 Elizabeth Street, while the actuals in 2022-23 and 2023-24 represented the final audited calculations.

	Line items impacted	Major variance explanations
e	**Statement of Comprehensive Income** Depreciation and amortisation, Finance costs, Surplus, Total comprehensive income. **Statement of Financial Position** Retained earnings. **Statement of Changes in Equity** Surplus for the period. **Cash Flow Statement** Interest payments on lease liabilities, Principal repayments of lease liability.	The budget was prepared on a break even assumption for all projects with the impact of AASB 16 Leases representing an operating loss. The timing of expenditure and delivery of workplan projects has resulted in a surplus.
f	**Cash Flow Statement** GST received, GST paid.	The budget was prepared based on net basis, while actuals GST was split between GST received and GST paid.
g	**Statement of Financial Position** Trade and other receivables, Prepayments, Trade creditors and accruals, Other payables.	The budget in Statement of Financial Position was prepared based on prior year balances adjusted for forecast project activity. Actual results represented the agreements entered into during the financial year as supported by invoices and contracts.

6. Appendices

Appendix A: Related-entity transactions

TABLE 8: RELATED-ENTITY TRANSACTIONS, 2023–24

Vendor no.	Commonwealth entity	Number of transactions	Transaction value	Description
100362	Department of Health and Aged Care	14	$1,293,161.77	Payments processed in 2023-24 for corporate services received from the Department of Health and Aged Care (the Department) under a shared services agreement between the Commission and the Department.

Appendix B: Freedom of information summary

The following table summarises freedom of information requests and their outcomes for 2023–24, as discussed on page 94.

TABLE 9: FREEDOM OF INFORMATION SUMMARY, 2023–24

Activity	Number
Requests	
On hand at 1 July 2023	0
New requests received during 2023-24 FY period	4
Total requests handled during 2023-24 FY period	4
Total requests completed as at 30 June 2024	4
Total requests on hand as at 30 June 2024	0
Action of request	
Access granted in full	1
Access granted in part	2
Access refused	0
Access transferred in full	1
Request withdrawn	0
No records	0
Response time	
0–30 days	3
30–60 days	0

Appendix C: Compliance with ecologically sustainable development

The Commission is committed to making a positive contribution to ecological sustainability. Table 10 details the Commission's activities in accordance with section 516A(6) of the *Environment Protection and Biodiversity Conservation Act 1999*.

TABLE 10: SUMMARY OF THE COMMISSION'S COMPLIANCE WITH ECOLOGICALLY SUSTAINABLE DEVELOPMENT

Environment Protection and Biodiversity Conservation Act 1999 requirement	Commission response
Activities of the Commission during 2023–24 accord with the principles of ecologically sustainable development	The Commission ensures that its decision-making and operational activities mitigate environmental impact. The principles of ecologically sustainable development are embedded in the Commission's approach to its work plan and corporate, purchasing and operational guidelines.
Outcomes specified for the Commission in an Appropriation Act for 2023–24 contribute to ecologically sustainable development	The Commission's single appropriations outcome focuses on improving safety and quality in health care across the Australian health system. As such, the Commission does not directly contribute to ecologically sustainable development.
Effects of the Commission's activities on the environment	The Commission's offices are located in a 5-star* building, and the Commission works proactively with building management to achieve energy savings, where possible. The Commission continues to improve its dissemination of publications, reports and written materials through electronic media to minimise printing.

* Based on the National Australian Built Environment Rating System

TABLE 10: SUMMARY OF THE COMMISSION'S COMPLIANCE WITH ECOLOGICALLY SUSTAINABLE DEVELOPMENT *CONTINUED*

***Environment Protection and Biodiversity Conservation Act 1999* requirement**	**Commission response**
Measures the Commission is taking to minimise its impact on the environment	To reduce its environmental impact, the Commission is improving its website functionality and increasing the use of multi-channel strategies to distribute information electronically. To reduce travel, the Commission uses remote meeting attendance options, where feasible. Most staff have been working and attending meetings remotely during the pandemic. The Commission advocates responsible use of materials, electricity and water and responsible disposal of waste. These activities are expected of all staff and visitors.
Mechanisms for reviewing and increasing the effectiveness of these measures	The Commission has established mechanisms to review current practices and policies. In addition, staff are encouraged to identify initiatives to adopt behaviours, procedures or policies that may minimise their environmental impact, and that of their team and the Commission more broadly.

The Commission is committed to making a positive contribution to ecological sustainability. Table 11 details the Commission's activities in accordance with section 516A(6) of the *Environment Protection and Biodiversity Conservation Act 1999* and the Australian Government's APS Net Zero 2030 policy. Greenhouse gas emissions reporting has been developed with methodology that is consistent with the whole-of-government approach as part of the APS Net Zero 2030 policy.

TABLE 11: GREENHOUSE GAS EMISSIONS INVENTORY

2023-24 Greenhouse gas emissions inventory– location-based method

Emission source	Scope 1 (t CO_2-e)	Scope 2 (t CO_2-e)	Scope 3 (t CO_2-e)	Total (t CO_2-e)
Electricity (Location Based Approach)	N/A	127.000	10.133	137.133
Natural Gas	0.000	N/A	0.000	0.000
Solid Waste*	N/A	N/A	0.000	0.000
Refrigerants*†	0.000	N/A	N/A	0.000
Fleet and Other Vehicles	0.000	N/A	0.000	0.000
Domestic Commercial Flights	N/A	N/A	50.019	50.019
Domestic Hire Car*	N/A	N/A	0.033	0.033
Domestic Travel Accommodation*	N/A	N/A	7.592	7.592
Other energy	0.000	N/A	0.000	0.000
Total kg CO_2-e	**0.000**	**127.000**	**67.777**	**194.777**

Note:
The table above presents emissions related to electricity usage using the location-based accounting method.
CO_2-e = Carbon Dioxide Equivalent.

* indicates emission sources collected for the first time in 2023-24. The quality of data is expected to improve over time as emissions reporting matures.

† indicates optional emission source for 2023-24 emissions reporting.

2023-24 Electricity greenhouse gas emissions

Emission source	Scope 2 (t CO_2-e)	Scope 3 (t CO_2-e)	Total (t CO_2-e)	Percentage of electricity use
Electricity (Location Based Approach)	127.000	10.133	137.133	100%
Market-based electricity emissions	123.541	15.252	138.793	81.28%
Total renewable electricity	-	-	-	18.72%
Mandatory renewables#	-	-	-	*18.72%*
Voluntary renewables##	-	-	-	*0.00%*

Note:
The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO_2-e = Carbon Dioxide Equivalent.

\# Mandatory renewables are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage.

Voluntary renewables reflect the eligible carbon credit units surrendered by the entity. This may include purchased arge-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only).

7. Indexes and references

Acronyms

Acronym	Description
AC	Companion of the Order of Australia
AGAR	Australian Group on Antimicrobial Resistance
Ahpra	Australian Health Practitioner Regulation Agency
AHSSQA Scheme	Australian Health Service Safety and Quality Accreditation Scheme
AM	Member of the Order of Australia
AMR	antimicrobial resistance
AO	Officer of the Order of Australia
AURA	Antimicrobial Use and Resistance in Australia
CEO	Chief Executive Officer
FCNA	Fellow of the College of Nursing, Australia
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRACS	Fellow of the Royal Australasian College of Surgeons
IHPA	Independent Hospital Pricing Authority
MD	Doctor of Medicine
NDIS	National Disability Insurance Scheme
NSQDMH Standards	National Safety and Quality Digital Mental Health Standards
NSQHS Standards	National Safety and Quality Health Service Standards
NSQMH CMO Standards	National Safety and Quality Mental Health Standards for Community Managed Organisations
PBS	Pharmaceutical Benefits Scheme
QUDTP Program	Quality Use of Diagnostics, Therapeutics and Pathology Program
QUM	Quality Use of Medicines
PSM	Public Service Medal
RPBS	Repatriation Pharmaceutical Benefits Scheme

Glossary

Word	Description
Accreditation	A status that is conferred on an organisation or individual when they have been assessed as having met particular standards. The two conditions for accreditation are compliance with an explicit definition of quality (that is, a standard) and passing an independent review process aimed at identifying the level of congruence between practices and quality standards.
Adverse event	An incident that results in harm to a patient or consumer.
Antimicrobial	A chemical substance that inhibits or destroys bacteria, viruses or fungi, including yeasts and moulds.[1]
Antimicrobial resistance	A property of organisms – including bacteria, viruses, fungi and parasites – that allows them to grow or survive in the presence of antimicrobial levels that would normally suppress growth or kill susceptible organisms.
Antimicrobial stewardship	A program implemented in a health service organisation to reduce the risks associated with increasing antimicrobial resistance, and to extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies, including monitoring and reviewing antimicrobial use.
Clinical care standards	Standards developed by the Commission and endorsed by health ministers that identify and define the care people should expect to be offered or receive for specific clinical conditions or procedures. Clinical care standards highlight best-practice care and priority areas for quality improvement, and include indicators to support quality improvement.
Clinical governance	The set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.
Clinician	A healthcare provider, trained as a health professional. Clinicians include registered and non-registered practitioners, or teams of health professionals, who spend the majority of their time delivering direct clinical care.

Word	Description
Cognitive impairment	Deficits in one or more of the areas of memory, communication, attention, thinking and judgement. Cognitive impairment can be temporary or permanent, and can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients.[2] Cognitive impairment can also be caused by other conditions, such as an acquired brain injury, a stroke, intellectual disability or drug use.
Consumer	A person who has used, or may potentially use, health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.[3]
Delirium	An acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the course of the day. Delirium is a serious condition that can be prevented in 30–40% of cases, and should be treated promptly and appropriately. Hospitalised older people with existing dementia are at the greatest risk of developing delirium. Delirium can be hyperactive (the person has heightened arousal, or is restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).[4]
Electronic medication management system	Enables medicines to be prescribed, dispensed, administered and reconciled electronically.
End of life	The period when a patient is living with, and impaired by, a fatal condition, even if the trajectory is ambiguous or unknown. This period may be years in the case of patients with chronic or malignant disease, or very brief in the case of patients who suffer acute and unexpected illnesses or events such as sepsis, stroke or trauma.[5]
Hand hygiene	A general term referring to any hand-cleansing action.
Healthcare-associated infections	Infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare-associated infections may manifest after people leave healthcare facilities.[6]
Healthcare variation	This occurs when patients with the same condition receive different types of care. For example, among a group of patients with the same condition, some may have no active treatment, some may be treated in the community and others in hospital, and some may have surgery while others receive medication. Some variation in how health care is provided is desirable because of differences in patients' needs, wants and preferences (see 'unwarranted healthcare variation').
Hospital-acquired complication	A complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

Word	Description
My Health Record	A secure online summary of a consumer's health information, managed by the System Operator of the national e-health record system (the Secretary of the Department of Health). Healthcare providers are able to share health records to a consumer's My Health Record, in accordance with the consumer's access controls. This may include information such as medical history and treatments, diagnoses, medications and allergies.
National Safety and Quality Health Service (NSQHS) Standards	Standards developed by the Commission in consultation and collaboration with states and territories, technical experts, health service organisations and patients. The NSQHS Standards aim to protect the public from harm, and to improve the quality of health services. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that minimum safety and quality standards are met, and a quality improvement mechanism that allows health service organisations to realise aspirational or developmental goals.
Partnering with consumers	Treating consumers and/or carers with dignity and respect, communicating and sharing information between consumers and/or carers and health service organisations, encouraging and supporting consumers' participation in decision-making, and fostering collaboration between consumers and/or carers and health service organisations in planning, designing, delivering and evaluating health care. Other terms are used internationally, such as patient-based, consumer-centred, person-centred, relationship-based, patient-centred and patient-and-family-centred care.
Patient	A person receiving health care. Synonyms for 'patient' include 'consumer' and 'client'.
Patient safety	Reducing the risk of unnecessary harm associated with health care to an acceptable minimum.
Patient safety incident	An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.
Person-centred care	Where patients, consumers and members of the community are treated as partners in all aspects of healthcare planning, design, delivery and evaluation; the foundation for achieving safe, high-quality care.
Shared decision making	The integration of a patient's values, goals and concerns with the best available evidence about the benefits, risks and uncertainties of treatment to achieve appropriate healthcare decisions.[7]
Standard	Agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level.
Unwarranted healthcare variation	Variation not attributed to a patient's needs, wants or preferences. It may reflect differences in clinicians' practices, the organisation of health care or people's access to services. It may also reflect poor-quality care that is not in accordance with evidence-based practice.

References

1 Australian Commission on Safety and Quality in Health Care. AURA 2016: first Australian report on antimicrobial use and resistance in human health. Sydney: ACSQHC; 2016.

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4 National Institute for Health and Clinical Excellence. Delirium: diagnosis, prevention and management. London: NICE; 2010.

5 General Medical Council. Treatment and care towards the end of life: good practice in decision making [Internet]. Manchester: GMC; 2010 [cited 2017 Jun 1]. Available from: www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life

6 Cruickshank M, Ferguson J, editors. Reducing harm to patients from health care associated infection: the role of surveillance. Sydney: ACSQHC; 2008.

7 Hoffmann TC, Legare F, Simmons MB, McNamara K, McCaffery K, Trevena LJ, et al. Shared decision making: what do clinicians need to know and why should they bother? Med J Aust 2014;201:35–9.

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Compliance index

The Commission is bound by legislative requirements to disclose certain information in this annual report.

The operative provisions of the *Public Governance, Performance and Accountability Act 2013* came into effect on 1 July 2014. The Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016 prescribes the reporting requirements for the Commission (Table 12).

TABLE 12: MANDATORY REPORTING ORDERS AS REQUIRED UNDER LEGISLATION

Requirement	Reference	Page listing of compliant information
Accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(j)	68
Amendments to the Commission's enabling legislation and to any other legislation directly relevant to its operation	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, subsection 17BE(a)	99
Approval by the accountable authority	Public Governance, Performance and Accountability Amendment (Corporate Commonwealth Entity Annual Reporting) Rule 2016, section 17BB	5, 68, 116
Assessment of the impact of the performance of each of the Commission's functions	*National Health Reform Act 2011,* subsection 53(a)	28–75
Assessment of the safety of healthcare services provided	*National Health Reform Act 2011,* subsection 53(b)(i)	31–51
Assessment of the quality of healthcare services provided	*National Health Reform Act 2011,* subsection 53(b)(ii)	63–75
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